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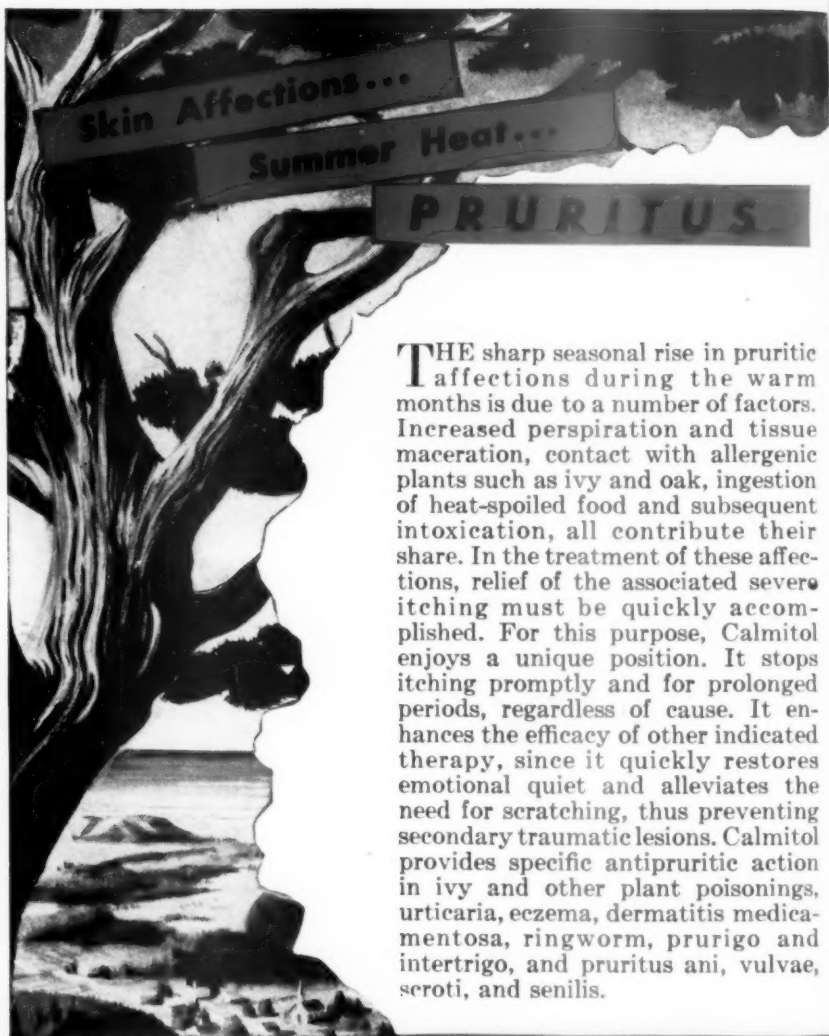
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**R.N.**

July 1946



Calmitol stops itching by minimizing transmission of offending impulses from cutaneous receptors and end-organs. Bland and nonirritating, the ointment can safely be applied to any skin or mucous surface. Active ingredients: camphorated chloral, menthol, and hyoscyamine oleate. Calmitol Liquid, prepared with an alcohol-chloroform-ether vehicle, is used only on unbroken skin.

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# RN

—A JOURNAL FOR NURSES

NIGHTINGALE PRESS, INC., RUTHERFORD, N. J.

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*On the cover: Official Norwegian Nurse's Uniform*

Copyright 1946, Rutherford, N.J. Circulation over 100,000 registered nurses monthly. EDITOR: Dorothy Sutherland. ASSOCIATE: Anne M. Goodrich, R.N.; ART: Marjorie Pedretti.

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**He's a Smart Kid, Doctor—  
even though he does deserve  
the back of your hand!**

Imagine his knowing he'll get better protection with Cutter D-P-T because every cc. contains 40 billion proved Phase I pertussis organisms, all grown on *human blood*.

Pretty foxy of him, too, to pick the combined vaccine in which both tetanus and diphtheria toxoids are so purified that far more than a single human dose is supplied in each cc. Extremely high pertussis count and purified toxoids yield a vaccine so concentrated that your dosage schedule is only 0.5 cc., 1 cc., 1 cc.

Advantages of D-P-T (Alhydrox) over alum precipitated vaccines have also been established. Not only does it produce better

immunity levels, it presents less pain on injection because of its more physiologically normal pH. Persistent nodules and sterile abscesses are rare, rather than an expected contingency.

Maybe the kid's got something, after all—in "it's D-P-T or nothin', Doctor!"

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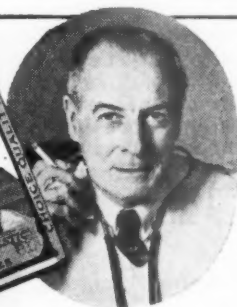
Fine Biologicals and  
Pharmaceutical Specialties



**"I'm going to grow a hundred years old!"**

*...and possibly  
she may—for the  
amazing strides of  
medical science  
have added years  
to life expectancy*

● It's a fact—a warm, wonderful fact—that this five-year-old child, or your own child, has a life expectancy almost a whole decade longer than was her mother's. Not only the expectation of a longer life, but of a life by far healthier. Thank medical science for that. Thank your doctor and thousands like him... toiling ceaselessly... that you may enjoy a better life.



According to a  
recent independent  
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Smoke Camels**  
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A firm  
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Why not allay the inherent discomfort from that periodic day which marks the onset of regular menstrual pain? It's so easy when you rely on the quick, time-tested action of Anacin . . . the preparation containing medically proven analgesic agents. You'll find Anacin a good friend to know every other day in the month, too . . . for it is also excellent for relieving simple headache or minor neuralgia. Ask for Anacin in your hospital pharmacy or neighborhood drug store.

*The Quick-Acting Analgesic*



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# Debits and Credits

## Bargaining

Dear Editor:

The use of a State nurses association as a bargaining agent is in a very early stage in Colorado and I found the article "C.S.N.A. Takes the Lead in Collective Bargaining," [R.N., April] a very timely review.

NORMA HOLLOWAY, R.N.  
LAKEWOOD, COLORADO

## "A Word to the Wise"

Dear Editor:

The article "Should Married Nurses Work" [R.N., May] has both impressed and disturbed me.

I am a married nurse and have been helping out, part time, in a small hospital during the great emergency, and think I have been appreciated for the effort. However, what I should like to put across to the young single R.N.'s is the privilege some of the smaller hospitals have given the practical nurse as far as nursing is concerned.

I have heard criticisms from patients about nurses in general (judging all nurses by some dumb blunders of practical nurses). Many of these p.n.'s come into hospitals under false pretenses and their techniques and standards are poor.

I think you younger nurses should get together along with the State Board of Examiners and hospital personnel and set up a standard of rules under which the practical nurse may work at a hospital.

For instance:

They should not be allowed to wear a cap in the hospital.

On private duty, the patients should know when a practical nurse is the only one available for them.

Treatments and medications (especially hypodermic injections) should be supervised. After all, we trained hard and studied for three years while the majority of practical nurses have had about six-month courses.

Nurses' registries should be checked and rules set up for the registrar to comply with. I have seen

---

● Please do not send R.N. unsigned letters for publication. Your name will gladly be withheld, if you request it, but in line with R.N.'s editorial policy anonymous letters to the editor cannot be considered for use in the magazine.—THE EDITORS.

---

# Triple aid in SKIN THERAPY

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(Phenol 4.75%, Camphor 10.85%  
in an Aromatic Mineral Oil Base)

**combines Analgesic  
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**Eczema • Urticaria**

**Intertrigo • Athlete's Foot**

**Pruritus • Impetigo • Herpes**

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Please send me a free bottle of Campho-Phenique Liquid Antiseptic Dressing.

Name .....

Address .....

City.....State.....

practical nurses on private duty asking and receiving R.N. fees.

So, girls, I don't think your troubles lie with the married registered nurse, but rather with the hospital-experienced practical nurse. It is up to you—keep the standards high!

MURIEL MURPHY, R.N.  
BLOOMFIELD, N.J.

## "No Time For—"

Dear Editor:

One problem we have in the hospital in which I am working is that we single girls feel the married girls should share the 3 to 11 and 11 to 7 shifts with us. So far, we single girls have been doing most of these shifts because the other girls say "We're married and want to be with our husbands." On the other hand, we figure we're single and have no husbands and never will if we continue to get pushed around by the married nurses.

VIVIAN SAVITZ, R.N.  
PHILIPSBURG, N.J.

## Spouses

Dear Editor:

Why shouldn't married nurses work? They are no different from single nurses. As far as having problems at home, don't we all have them? Yet our work doesn't suffer because it takes our minds off ourselves while we are helping others. I have been married seven years and worked off and on during that time. I have been happier when I worked, it gave me a broader interest.

My husband was in the service

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## First one's a ker-flop!

For a city boy — especially one who's had few privileges — the first cold plunge at summer camp is liable to be awkward. But it isn't long until he takes to this new world with its new ways like a duck to water!

Not least among the things he learns are *good eating habits*. For camp directors know that well-balanced meals are as important as sunshine and outdoor sports to a child's health.

Youngsters are encouraged to develop a liking for many different kinds of foods. But — regardless of other changes — one requirement stands firm: every day, for every child, a *quartful of fresh milk*.

As an experienced camp nutritionist puts it, "There is no substitute for milk." Milk is nature's most nearly perfect food. It's our job, at National Dairy, to help keep milk fine and flavorful — safeguarding, through Sealtest controls, its purity and quality.

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There is no pulling of hair or skin, no damage to sensitive tissues when GAUZX is used. No pins, tying or tape are required; simply wrap GAUZX around the part to be bandaged and press firmly against itself. Order the 12" x 10 yard Professional Package, cut in widths desired, through your regular supplier.

*Professional samples are available upon request.*

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and overseas. I was the second married nurse to work at our hospital and it wasn't easy to listen to the jeers of the spinsters saying "I'm glad I'm not married and supporting a husband." It was very unkind because we went to work thinking it was our duty since the need for nurses was great. The single nurses were merely jealous, so we overlooked their remarks.

Eventually I took another job and at this hospital 75 per cent of the private duty nurses were married. I never heard any of the doctors complain of inefficiency. In fact, more of the single girls took time off for sickness than we married nurses.

I'll stand up to any single nurse my own age and with the same amount of experience, and I'll wager I'll be just as efficient. Whether a married nurse should work is up to the individual and should depend on her own financial circumstances. If she has children, she should have someone responsible to care for them so she will be free from worry while working.

R.N., CLEARWATER, FLA.

## Tuberculin Reaction

Dear Editor:

In the February 1946 issue of R.N. there were two incorrect statements concerning tuberculosis. One, that a positive reaction in children in a majority of cases was an indication of tuberculosis, and the other statement concerning the percentage of positive reactions among all adult groups tested.

[Turn the page]

# New! Hospital-Tested!

## JOHNSON'S BABY LOTION

(ANTISEPTIC)



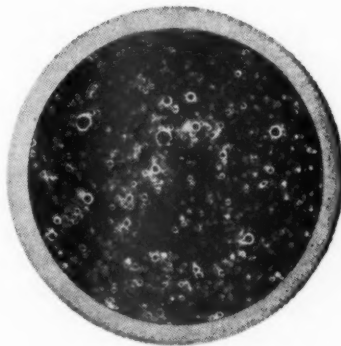
### Reduces incidence of skin irritations

When Johnson's Baby Lotion was used for routine skin care of thousands of newborns in test hospitals, attendant doctors reported far fewer cases of impetigo, prickly heat, diaper rash, other common miliarias.

### Leaves a discontinuous film on the skin

Johnson's Baby Lotion is a smooth, white, homogenized emulsion of mineral oil and water, with lanolin and an antiseptic added.

The Lotion leaves a discontinuous film of micron-size oil globules on the infant's skin. This permits normal heat radiation; allows perspiration to escape readily.



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(ANTISEPTIC)

Johnson & Johnson



### FREE! Mail coupon for sample bottle!

Johnson & Johnson, Baby Products Division  
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Please send me, free of charge, one sample bottle of Johnson's Baby Lotion.

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City  State

Limited to nursing profession in U. S. A.

# Now! A NEW, BETTER, WHITER --- Energine Shoe White!

Here it is—the wonderful new, whiter Energine Shoe White you've been waiting for! Actually makes dirt and smudges disappear—and, at the same time—whitens your shoes beautifully, with a fleecy white finish that's uniform from toe to heel!

Try this new, improved, whiter Energine Shoe White—and see for yourself what it does for your shoes! It's easy to use, goes on in a jiffy, and there's nothing that stays on better! Get the big bottle today.

Remember—Energine Shoe White does two things at the same time:

*Cleans  
as it  
Whitens!*



I think the *R.N.* is a very fine magazine and would like to see a correction of the above article in some future issue.

TERESA E. ADRIAN, R.N.  
Mercer County Tuberculosis Board  
ALEDO, ILL.

Dear Editor:

In the article entitled "Biological—Medicinals That Fight Infection" the author made a series of errors in the discussion of the tuberculin test.

A positive tuberculin test does not tell when active tuberculosis is present in children. In my limited knowledge, I know of no instances when tuberculin has been used to treat tuberculosis. A statement that almost all adults will show a positive reaction to the test is, I believe, exaggerated.

As a health educator, it is very distressing to find gross errors in fact about tuberculosis being presented to 100,000 nurses. The matter would appear serious enough to warrant published correction.

ELIZABETH E. MARKS  
Peoria County Tuberculosis Association  
PEORIA, ILL.

[Readers Adrian and Marks are correct in their objection to the word "active tuberculosis." A positive tuberculin test merely reveals the presence of tuberculosis infection. The statement that almost all adults show a positive reaction, should have been modified to show variation in different parts of the country and in rural vs. urban areas. These correspondents are fortunate to be living in Illinois which has greatly reduced the



## *Treat your hands to* **TRUSHAY**

When hands are rough, the skin dry and cracked, there's not only the discomfort to consider—there's the danger of infection.

Before washing with soap and water, also before exposure to alcohol, antiseptics and other skin-drying agents, use TRUSHAY.

Creamy, peach-colored TRUSHAY guards against depletion of the skin's natural lubricant...helps keep the dermal tissue normal and unbroken. You'll be delighted with the fragrant softness that TRUSHAY gives hands and arms.

Bed-weary patients, too, appreciate a rub with TRUSHAY. It helps prevent pressure sores.

# TRUSHAY

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City & State \_\_\_\_\_

cidence of the disease. Miss Mar-  
errs in her reference to tubercu-  
which is still used occasionally in cer-  
tain localities, according to the Na-  
tional T.B. Association.—THE ED-  
TORS.]

## Hints

Dear Editor:

Here are two suggestions which  
the A.N.A. might take to help the  
nurses who pay their dues annually

1. Publish the amount the hos-  
pitals in New York take in annually  
on the 20 cent daily deductions for  
collecting the private duty nurses  
pay.

2. Organize a clinic to be paid out  
of the A.N.A. funds for the examina-  
tion and treatment or medical diag-  
nosis of the nurses who are mem-  
bers of the A.N.A.

Hotels, plants, and department  
stores maintain medical department  
for their employees, but nurses have  
to carry on without medical super-  
vision. Is that fair?

IRENE CURRY, R.N.  
NEW YORK, N.Y.

## Dated

Dear Editor:

On page 65 of the February 1946  
issue you mention the Crimean War  
of 1885. The Crimean War ended  
September 8, 1855.

ELEANOR WILSON, R.N.  
CINCINNATI, OHIO

[R.N. should have verified the  
date which appeared in error in the  
War Department release on which  
the news item was based.—THE ED-  
TORS.]

# COMPRESSION BANDAGING...

with **ACE**  
**BANDAGES**

**FOR BURNS  
AND  
WOUNDS**



There has been a reawakening of interest in the use of Compression Bandaging for burns (and wounds). Particularly is this true of physicians recently returned from Service—where they saw the life-saving, pain relieving results obtained with this technique.

By use of compression bandaging, body fluid loss is diminished with consequent reduction in loss of protein. Tendency to shock is minimized, pain is largely relieved, and the percentage of subsequent infection is generally lower than with other methods.

Pressure is equalized by the following procedures:

1. Apply sterile lubricant generously to site of burn or wound, and beyond.
2. Cover with sterile gauze dressings beyond the affected area in all directions.

3. Add cushion of sterile absorbent cotton or mechanics waste, at least  $\frac{1}{2}$ " thick, as evenly as possible.
4. Wrap an Ace Bandage over the entire dressing, considerably above and below the site of burn or wound, pulling the bandage snug. It is the even pressure exerted by the bandage over the cushion of cotton or waste that tends to reduce pain rapidly.

## REFERENCES

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*Made for the Profession*

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**Amazing New Antiseptic Deodorant**  
**Actually Checks Perspiration—Yet is**  
*Safe for Skin!*

★ **Safely**  
**Stops Odor!**  
 NO EMBARRASSMENT  
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★ **Safely Checks**  
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 VETO KEEPS YOU WELL-  
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 NO ROTTED DRESSES—  
 With COLGATE'S VETO!

**DOES NOT ROT CLOTHES...Because of**  
**Duratex, New Safety Ingredient**  
**Found Only in Veto!**

Veto—Colgate's cream deodorant—is different from any deodorant you've ever used before! Because it contains *Duratex*, an exclusive new safety ingredient—Veto *does not rot clothes!* Veto is *safe* for any normal skin! Spreads on smoothly, rubs in easily, is *easier* to use! And Veto stays moist in jar—it never gets grainy or gritty! So use Veto regularly, to stop odor, check perspiration—*safely!* 10¢ and larger sizes. At drug and cosmetic counters everywhere.



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**FOR FABRICS**  
 Better Fabrics Bureau

**Colgate's VETO** *Stays Moist in the Jar!*  
*Never Gritty or Grainy!*

## Science Shorts

In 1800, the average expectation of life was 35 years and the average woman of childbearing age had eight children, according to Dr. Wilson G. Millie. In 1944, the ratios had changed so that the individual had a life expectancy of approximately 65 years but the average woman had only 2.2 children.

More veterans were hospitalized in V.A. hospitals during the first nine months of the current fiscal year than during the entire previous fiscal year.

In 209 institutions surveyed by the National Music Council, 187 were found to use music in the treatment of patients. Thirty of these considered it merely as recreation, and 23 gave music a place as a proven therapeutic force.

A report in the Naval Medical Bulletin points out that both poison ivy and poison sumac have three leaf groupings and smooth edges, while nontoxic Virginia creeper and scarlet sumac, with which they are often confused, have serrated leaves.

Daughters of foreign and mixed foreign and native parents who are themselves born in this country, are less apt to marry than daughters of

native-born parents, according to the Metropolitan Life Insurance Company.

*There were twice as many eye injuries admitted to Naval hospitals in World War II as in World War I.*

A report in the *Journal of the Iowa State Medical Society* tells of an entire house made into a pollen refuge for the use of a mother and child exceedingly hypersensitive to ragweed pollen. Storm windows were installed and sealed on all but two bedroom windows which were left open for a circulation of air through motor driven pollen filters. All flowers and family pets were barred from the house during pollen season, and the family physician reported mother and child escaped allergic reactions in spite of ragweed pollen counts exceeding 300 granules per 1.8 square centimeters.

*Sulfathiazole has been put into chewing gum for local chemotherapy of the oral and pharyngeal mucosa.*

Colonel Clyde O. Barney and associates of the Medical Corps, Army of the United States, call to the attention of the civilian physician the tremendous number of soldiers who

*Properly directed, the current unrest can work for you. Let it guide you into new channels. Find the spot that appeals to you, one which offers an assured future in recognition of your ability and skill. A few of our positions are:*

**INSTRUCTORS**—(a) Medical and also surgical nursing instructors; 600-bed county hospital east of San Francisco; degrees required; \$265. (b) Nursing arts instructor; 150-bed approved hospital, San Francisco area; \$210. (c) Medical ward supervisor, Southern California; two years' college required; \$225.

**SUPERINTENDENTS OF NURSES**—(a) For 35-bed unit of larger county hospital, Southern California; \$225, maintenance. (b) Small privately owned hospital; Central California; \$275.

**ANESTHETISTS**—(a) Two positions, same hospital, 100-bed general approved institution, San Francisco Bay; \$275. (b) Catholic hospital, 100 beds; \$250 and maintenance plus \$3.50 for each call.

**OBSTETRICAL SUPERVISOR**—Progressive Catholic hospital, Southern California, plans to establish postgraduate course in obstetrics; requires M.S. degree; excellent salary.

**CENTRAL SUPPLY**—Nurse must know oxygen therapy; large private general hospital, coast resort city, Southern California; \$195.

**SURGERY AND OBSTETRICS**—(a) Surgery nurse, southwestern state school; \$240. (b) Two surgery nurses, 50-bed general private hospital, inland California; \$220. (c) Obstetrics nurses, Catholic hospital near San Francisco; \$170, maintenance. (d) Surgery, Southern California beach hospital; \$190, two meals.

**GENERAL DUTY**—(a) Several nurses, new V. D. clinic and 90-bed hospital, Los Angeles; all ambulatory patients; \$173, five day week; maintenance obtainable at \$30. (b) Graduate nurses for isolation and TB; \$205; 250-bed hospital; south of Los Angeles. (c) Seaside resort, Southern California; 200-bed hospital; nurses may elect to work 40 hours, \$175; 44 hours, \$185; 48 hours, \$195; full maintenance at \$45 in beautiful nurses' home. (d) Alaska; small and well equipped hospital; \$150, maintenance; fare refunded. (e) Arizona hospital; \$165, maintenance.

**LABORATORY TECHNICIAN** — Medically owned laboratory soon to establish blood bank; \$250 to start.

## **Business and Medical Registry**

609 South Grand Ave., Los Angeles 14, Calif.

(Agency)

Elsie Miller, Director

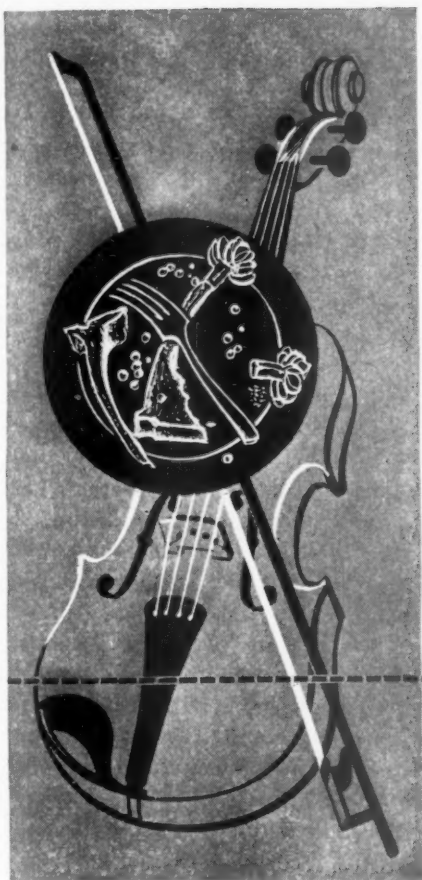
sustained abdominal wounds with fecal contamination and have survived to return to civilian life. These men are subject to severe intra-abdominal adhesions with possible later intestinal obstruction, and it is important that the civilian physician be prepared to make an early diagnosis.

*German Air Force tests on altitude adaptation found that men could stay at least 11 days in the mountains at 7,000 feet while undergoing a great deal of exercise, taking good food, and having adequate sleep.*

An article in the *Journal of the Oklahoma State Medical Association* gives the approximate amount of caffeine found in soft drinks. Caffeine content per usual container of Pepsi Cola is 1 1/5 gr., Coca Cola 1/2 gr., Sanka 1/8 to 1/4 gr., and coffee 1 1/2 to 2 gr.

*A new machine has been perfected to "smell oysters" and detect and exclude the dead bivalves. The machine also detects spoiled shrimp, crabs, and other sea food.*

The Army Medical Corps has reported on the control of respiratory infections in G.I. barracks by treating blankets and floors with a light coating of oil. The oil absorbs and anchors the dust and germs so that they do not drift about the room. It is claimed that less than 2 per cent of weight is added to the blanket in the process, and it requires only seven more minutes to treat the



**A  
pleasant  
way "to pay  
the  
fiddler"**



When the price of dietary indiscretion is gastric hyperacidity and subsequent stomach upset or nausea, quick, pleasant relief is obtainable with BiSoDoL.

You may recommend this dependable antacid alkalizer with the knowledge that its record of commendable performance has earned widespread medical acceptance.

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Send for complimentary sample 1-oz. tube.

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**LAMO**  
(NASON'S)

blanket with oil while laundering it. Once oiled, the floors do not have to be scrubbed; sweeping is sufficient.

*With oxygen it is believed that man can safely fly at an altitude of 45,000 feet without pressure cabins.*

*Dr. John M. Rowe suggests the use of nylon for bone sutures when immediate movement of the part is desirable.*

It has been estimated that British housewives wait on an average of one hour a day in food shop queues and, according to medical experts, 25 per cent of the ailments afflicting the British public are directly traceable to this cause.

Four Army physicians, reporting on the sensitivity of diphtheria to penicillin, found that nasal inhalations of 2,000 units at 15 minute intervals four times a day failed to reduce the duration of the carrier state of virulent diphtheria bacilli.

*The average man gets 17 puffs to each cigarette, the average volume of smoke drawn in at one time being 33 cc's.*

The North Carolina Medical Journal calls attention to the coincidence in careers among twins. Three sets of twins in the regular Army of the United States have had careers strangely parallel. One pair have the rank of generals; in the second pair, one is a major and one a lieutenant colonel; and in the third pair both are majors. This in contrast to a

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study in a German prison before the war which showed thirty pairs of twins represented at the same time.

°  
*Army doctors have reported the development of an effective vaccine against dengue fever. Experiments are being carried on in Hawaii and the United States.*

°  
*The Lancet gives a report of the successful use of synthetic folic acid given by mouth and followed by a prompt hematopoietic response in persons with Addisonian pernicious anemia.*

°  
*A report in the New England Journal of Medicine tells of the successful use of intravenous sodium pentothal anesthesia in neurologic surgery.*

°  
*The Veterans' Administration has estimated that over 200,000,000 sheets, pillow cases, and uniforms were laundered and ironed in its hospitals last year.*

°  
*In 1945, there were 220,554 more patients admitted to hospitals in the United States than in the previous year.*

°  
*Lt. Commander Paul Ashley of the United States Navy feels that the best treatment for scarlet fever is human convalescent serum 50 cc's or more given intravenously within 24 hours of the appearance of the rash, followed by 30,000 units of penicillin on admission and 15,000 units every three hours until the temperature has been normal for five days.*

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An aversion to milk, or digestive upsets caused by the large, hard curds of untreated cow's milk, often make it difficult to insure adequate intake of this food so essential to child and

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# *Nursing Around the World:*

## New Start for Norway

by Gloria Olson



SIX YEARS AGO this June, Norway went into a more or less permanent "blackout." On that day, the last Cabinet meeting on Norwegian soil was held, and King Haakon and his Cabinet were forced to move their government to England where they continued the battle for the freedom of their country. From that time on, the outside world (which included many Norwegians who were stranded on foreign soil) could only surmise the true conditions of an occupied country.

One of these stranded persons was Sister Edith Anderson. She is head nurse of the Norwegian Public Health Service at 15 Moore Street in New York City. This center was estab-



lished by the Norwegian Government to take care of its seamen and has been extended to include all Norwegian personnel working in the vicinity. Sister Anderson came to this country in September 1939, to take a

postgraduate course in operating room supervision at New York Hospital. Norway at that time lacked facilities for combined theoretical and clinical postgraduate study, except at the institution of the League of Norwegian Nurses in Oslo where some theoretical instruction in hospital supervision was given.

After finishing at New York Hospital she traveled, visiting the Mayo Clinic in Rochester, Minnesota, and some hospitals in Chicago. Here is what she says about nursing in her native Norway:

"To understand nursing in Norway, you must first realize that we have a completely socialized health system, with legislation governing all our problems.

"Secondly, Norway is a very old country, and many practices and customs have been built up which, although obsolete, are traditional. For instance, midwives take an active part in our health program. They are not nurses, but receive a two year training in special schools in Oslo and Bergen. They work with the district health officer and nurse, and deliver all normal births in the home. At present there are about fifteen hundred midwives. The country is divided into

a thousand midwifery districts, with one midwife for each district. She is paid partly by the state and partly by the local government. From what I have seen and heard of your public health nurse-midwives, I know how alien and unscientific this must seem to you. However when I was home in 1938, we had the lowest infant mortality of any country in the world.

"Something else that I noticed here is that, although I hear nurses complain about working conditions and salaries, actually they are very well off. For instance, in the Red Cross Hospital in Oslo where I trained, we did all our own cleaning, dusting, and scrubbing of the wards which you detail to ward helpers. I guess the feeling is that it's all part of a nurse's work and lay people should not be allowed around the ill. I don't say we like it, but we accept it as part of the care of the patient. It is not good because it takes so much time from the patient, but it is all part of a rigid system that one feels helpless to confront.

"On the whole, I feel that Norway has a very high standard of nursing. Again this is due to the fact that we are a health-minded nation and the government takes an active interest in all the professions connected with keeping the country well. We have become aware through long experience that the health of the individual affects the work of the community.

"The only bad discrepancy that I can really see is the fact that we do not have state board examinations. We do, of course, have to pass our individual hospital examination, but

there is no uniform requirement for the country as a whole. We have the Norwegian Nurses' Association to which we find it advantageous to belong, particularly if you wish to secure a position in another hospital, but even this is not compulsory. To belong to it nurses must have graduated from a recognized hospital, but they can be employed by any hospital without belonging. And although, as I have said, the general standard of nursing is high, registration would certainly be a tremendous step in the advancement of nursing."

In contrast to Sister Anderson, whose opinions on Norwegian nursing are formed by what she knew before the war, is Sister Edle Oerwig who has been in this country about four months. She came here with her husband and is also working at the Norwegian Health Office.

In 1940 she was working in London, as a dress designer. She was called back to Norway for conscription and as dress designing was considered a non-essential industry, she decided to enter nursing. She trained at the "Haukland" Hospital in Bergen which is the second largest city in Norway. It is a public hospital administered by the County of Bergen. When the Germans came, they requisitioned it for German soldiers. The patients were ordered to "move out" with no regard as to where they went as long as they left.

Sister Oerwig says she entered nursing "because it was, I thought, the nearest thing to the type of work women do in their homes.

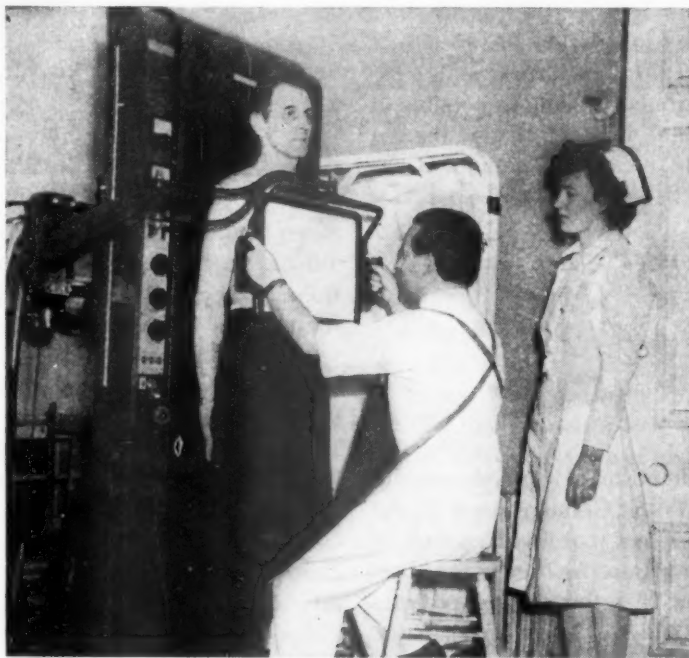
"With the coming of the Germans,

many of the graduate nurses escaped to join the Norwegian forces in the foreign countries. Our supervisors and nurses at home were doubly taxed, for they all joined the underground movement as a matter of course. This meant not only teaching the students, and resisting the Germans' plan to nazify nursing, but trying to help our own people as well, by saving them food, and getting doctors and people outside the hospital, medicine and bandages."

Norwegian medics and nurses were frequently employed by the Underground.

"We had many ingenious devices to combat the Germans," R.N.

learned at the Norwegian Press and Information Service. "In Oslo, the prisoners who became too sick to stay at the prison or who successfully feigned sickness, were transferred to the prison ward at Ullevål Hospital. The Germans had an agreement with the hospital authorities to pay for ten days' hospitalization. One doctor in particular deserves outstanding credit for her work. Her name is Dr. Ingrid Sæves. When these prisoners were transferred to the hospital, she called the German authorities and had a dictaphone ready to record the conversation. She then asked the Germans if their agreement still held good in regard to prisoners. They said



*Public health nurses are being trained in fluoroscopy as part of national T.B. prevention and health education campaign.*

it did. So it was within her authority to transfer prisoners to the civilian ward after the ten-day period when the Germans were no longer paying for their hospitalization. Then it was a simple thing to get civilian clothes and while some decoy engaged guards in conversation, to walk out the main gate. This device was used time and again, but the Germans never caught on to it."

Nurses were largely responsible for keeping members of the Underground informed while in the hospital. Through secret contacts they secured radio receiving sets and hid them in the toilets in the hospital. In this way B.B.C. were heard—and the Germans never found this out either.

Another ruse of the doctors and nurses was to keep the prisoners that could not be transferred to the civilian department as long as possible in the hospital, in order to give them a chance to escape. Sometimes drugs



were administered hypodermically just before the Germans came to the wards to select those well enough to return to prison. As they made their inspection, they found many patients delirious and with high fevers. They never learned that this was only a temporary measure and that the fever soon subsided.

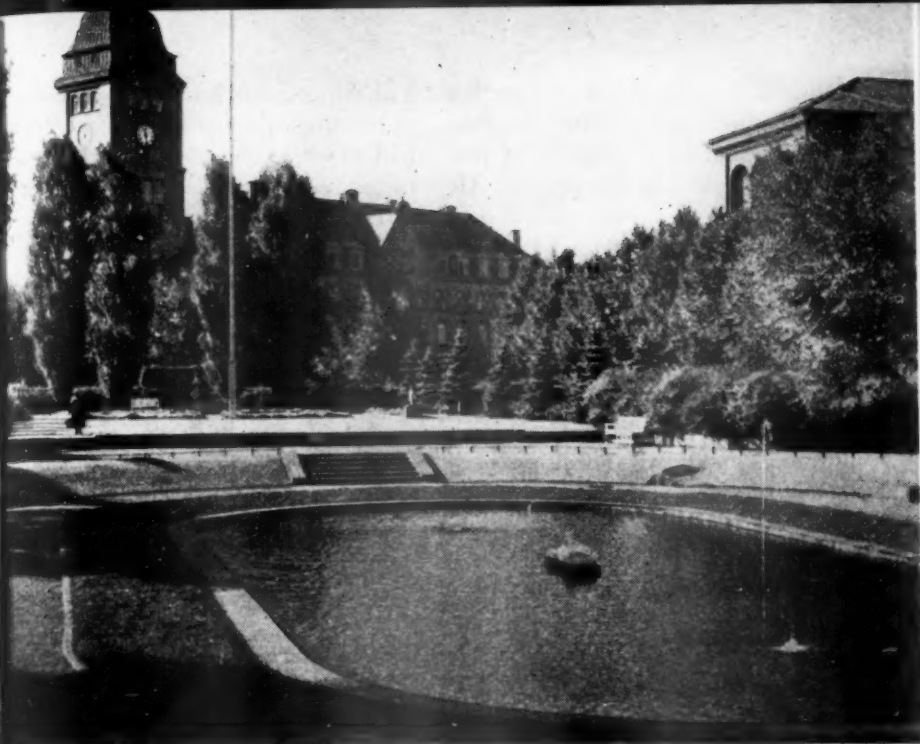
Another time a nurse allowed herself to be hit over the head and knocked out, in order to make the escape of a prominent saboteur look realistic.

With all this, pre-war nursing standards were maintained as much as possible. The entrance requirements were not lowered, and the curriculum was pretty much the same, with a few changes. Students were given a more extensive program in first aid and the



care of military disease and wounds. Whatever they lacked in theoretical training they made up for in practice, for most of the actual nursing care was shifted to the students.

Backbone of the nursing profession is the Norwegian Nurses' Association. It was established in 1912 and at present has about 3,500 members. Working closely with the Surgeon General of Public Health who has control of all doctors, dentists, nurses, midwives, and hospitals, it has standardized the general requirements of nursing and raised the educational facilities and living conditions for nurses. There are over 4,000 graduate



*Norway's hospitals are spacious and modern but, since the Nazi occupation, lack medical and surgical supplies and other equipment. Nursing standards are high.*

nurses in Norway at present. All of them have trained in one of the 30 nurses' training schools which are attached to hospitals.

Entrance requirements include a high school education, with a knowledge of a foreign language (which is usually English as it is a compulsory course for seven years), twenty years of age, and an aptitude for nursing. During the war the quality of the applicants was so high that only the most outstandingly fitted could be accepted. The course covers three years with a preliminary period of three months for orientation and pre-clinical instruction. Theory and practice

is divided but if anything the emphasis is on practical instruction in the wards. Students live in the school and are under a very rigid code.

In 1938, a law was passed limiting the nurses' working hours to eight, with one day off each week. During the war, this could not always be enforced.

After graduation, nurses are permitted to work wherever they choose, but their choice is limited by the number of nurses already in that field. If, for instance, a graduate chose public health nursing and if this field were overcrowded, she would be put on a waiting list and at

the same time be asked to state her second preference. The Surgeon General controls distribution of personnel in public health nursing. He does not, however, have control over the employment of nurses by private physicians or companies.

During the war, nurses were required to remain at their training hospitals for one year after graduation.

Salaries of nurses are not high. Sister Oerwig received 150 krona, plus room and board. This is approximately the salary of a typist or clerical worker in the U.S.

Now Norway is free again. The problems that she faces are many. The activity of the public health service was, with the shortage of nurses, doctors, drugs and equipment, limited. A report which was secreted out of Norway indicated that the majority of the people were suffering from acute malnutrition. An investigation of the nutritive value of rationed foods showed that the diet of children



between six and seven was lacking about 370 calories of the normal peacetime diet while the diet of people over twenty was minus 1,430 calories.

Medical supplies were completely exhausted by the Germans, and even today there is a shortage of much needed X-ray machines and other med-

ical, nursing, and hospital equipment.

Housing conditions have gone from bad to worse and at present are one of the biggest problems.

The incidence of diseases will naturally increase under such conditions. Diseases of the gastro-intestinal and nervous systems and those due to lack of sanitation and proper hygiene show the most marked rise.

DISEASE	1938	1942
	CASES	CASES
Diphtheria	187	8,349
Scarlatina	3,964	14,003
Gastroenteritis	23,672	72,341
Scabies	9,605	37,461

The Quisling government forbid any official discussion on the state of the public health which "had improved so marvelously under the new order." Protective measures were introduced quietly by the health officer of each district to check the spread of the diphtheria epidemic which seemed by far to be the most important one in Norway during the occupation. A total of fifteen thousand persons were vaccinated before the toxoid ran out.

The incidence of new tuberculosis cases was not high but the flare up of old cases was considerable. The government, together with the very active National Association Against Tuberculosis, has ordered that every man, woman and child be fluoroscoped. Public health nurses will be trained in this work.

During the occupation, the Norwegian Nurses' Association was placed under a Nazi woman who cared little about nursing. This was be-

[Continued on page 86]



## Keeping Your Patient Cool

by Anne M. Goodrich, R.N

**C**ARING FOR THE SICK in hot weather can be a trying experience for both patient and nurse, particularly if either or both of you dislike the heat. However, summer offers many compensations and advantages in keeping the patient comfortable and happy. The windows may be left open and the outlook for the patient up in a wheel chair encourages him to want to get well and go out-of-doors.

Even on the hottest days patients may be encouraged to feel cool by a combination of psychological factors and physiological care. First and foremost under the psychological approach is the appearance and attitude of the nurse. If we look hot, bothered, and uncomfortable we tend to make the patient overly aware of the heat. Although it is not always easy to appear cool and unruffled while giving extensive bedside care in hot weather, we will make some progress in that direction by doing things more slowly and planning the day's work so as to eliminate unnecessary steps and exertion whenever possible.

A spotlessly clean, uncreased uniform is of paramount importance in looking cool. With present day shortages in material this is not always

easy to accomplish. However, these same shortages have encouraged wearing of the short-sleeved uniform—cool for summer dog days. Although some hospitals frown upon short sleeves, sharkskin, and seersucker, many visiting nurse associations have adopted blue and white seersucker uniforms with short sleeves for summer. They may not look as trim as the standard article, but their added coolness and comfort and ease of laundering make up for the lack of stiff-starchiness that has been the trademark of the professional R.N. The most important factor for summer attractiveness is to wear a uniform which may be



easily laundered and changed every day. The summer uniform should also have a cool appearance and be loose enough to be comfortable for the wearer.

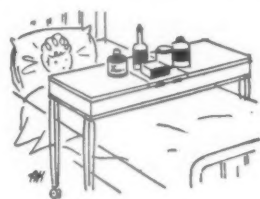
It goes without saying that the nurse working in the summertime must be especially careful about her own personal hygiene. A daily bath or shower before coming to work is

routine with all of us, and a tepid or cool shower in the evening can be an invaluable morale lifter after a hot day's work. Be sure to keep on hand, and use without fail, whatever deodorant or anti-perspirant you like best. Toilet water or light colognes are refreshing and better than heavy perfumes during Summer. Most nurses who perspire freely find that they feel and look cooler if they forego heavy makeup and face powder, and concentrate on a becoming light shade of lipstick during the summer months. Even the smallest of nurses' caps keep air from the scalp and cause excessive perspiration in hot weather, so frequent shampooing will keep you comfortable and fresh and dainty too.

The psychological approach to your patient's surroundings is important in making him feel cool. If you are caring for a patient in the hospital, your ability to change the surroundings is, of necessity, limited. You can, however, be sure that he is not looking into direct sunlight, that the shades are pulled so as to keep the sun out of the room, and that the bed is arranged so as to allow for the maximum circulation of air without putting the patient in a direct draft between door and window. If you are caring for the patient at home, you have more scope in rearranging his surroundings and placing the bed in the ideal position to catch the vagrant breeze and allow for a view of outdoors and green trees, if they are available. You will also find that removing

heavy draperies from the windows and keeping fresh flowers in the vases will give an illusion of airy coolness to the room.

Of course, the patient's condition and the disease from which he is



suffering will have a marked influence on the nursing care that may be given, but with your doctor's permission you will find that a cool sponge of alcohol and water is more refreshing than a hot bed bath. During the summer months a back rub can have a two-fold purpose. Not only will it stimulate the circulation but, after applying vigorous friction for this purpose, try smoothing alcohol on gently and slowly and following it by a generous application of powder. Then let the patient lie on his side or on his stomach for a few moments before turning on his back again. Women patients may enjoy a back rub with their own favorite toilet water instead of alcohol. Don't forget that alcohol or cologne applied to arms and legs have a cooling effect too.

It is especially important to change bed linen frequently and, if clean linen is not available, the nurse may find that keeping two sets of both bottom and top sheets and changing back and forth several times a day may give the illusion of comfort obtained by a newly laun-

dered sheet. Unless the patient's condition prohibits it, get permission to remove the rubber draw sheet. The cotton padding generally used as a cover to a mattress in the home adds to, rather than subtracts from, the patient's coolness and comfort.

Urge your patient to keep as quiet as possible. If his condition permits, however, occasional change of position will allow different parts of the body to come in contact with the air and will tend to make the patient feel refreshed. Bed patients are especially susceptible to respiratory infections and pneumonia, so avoid using an electric fan turned directly on the patient or placing the bed in

a draft. The most effective method of airing a room with an electric fan is to place the fan in the center of the window facing toward the room. Or, if the inside of the house is cooler, you might place the fan on a table or chair in the doorway facing into the room, but not directly on the patient. A cake of ice in a pan may be placed in front of the fan and will cause a room temperature drop of several degrees.

Nutrition plays an important part in the patient's comfort and welfare during hot weather. Again, the diet prescribed by the physician must, of course, be the nurse's guide in preparing the [Continued on page 72]

## *Malaria's Latest Antagonist*



When quinine sources were cut off suddenly at the beginning of the war, the United States was faced with an immediate and serious threat to health. Malaria, the devastating malady, had the power to dessimate armies with a speed almost comparable to an atom bomb. But, science went to work and the story of atabrine and how it saved millions is a part of medical history.

But medical workers and scientists were not completely satisfied and work on better and more effective antimalarials continued at an accelerated pace. Every conceivable substance was examined, some suspected of having antimalarial activity, others suggested by interested persons, and still others that had a definite basis for further study. In all, 14,000 substances were subjected to trial but it was not until the 7,618th was reached that the investigators found one that they deemed worthy of further study.

The Germans had made this same substance, chemically known as a member of the 4-aminoquinoline series, and they had even patented it as 7-chloro-4- [Continued on page 76]



## Why Nutrition Belongs in Nursing

by Carolyn Valentine, B. S.

TWO YOUNG STUDENT NURSES were discussing the profession they had chosen. "But," wailed one of them, "I never thought I would have to be a *cook* when I decided to enter nursing."

Unfortunately, this feeling is prevalent among some students, and with some graduates, too. But, why not consider the entire picture of dietetics in its application to nursing?

When an instructor of nutrition or dietetics emphasizes the need for proper selection, preparation and arrangement of foods, she has not thought of turning a group of nurses into experienced cooks. She is trying to give a full and complete picture of body maintenance, all that it involves, and what it can and should mean to the future nurse. Intelligent handling and care of the food is just as important as being able to dash off a list of high protein foods, vitamin-rich edibles or purin-free substances.

The nurse is the dietitian's right hand, for to her falls the duty of checking the trays or special diets. She cannot do that unless she has the benefit of sound training in *all* phases of nutrition and dietetics. Foods must be processed before they are served and, much as you may dislike the me-

chanics of this preparation, it must be done for it completes the process of putting nutrition to work.

When a full diet is employed, it is usually in cases of those who are incapacitated and confined because of accidents, rather than illness. To look upon these diets as "normal," and therefore in need of no thought or care, is to sidestep a fundamental nursing duty. These patients, either at home or in the hospital, require treatment, and a large part of the prescribed care is to place the body in the best possible state of health. In fractures, or other cases that require tissue healing, proper and well balanced diets may be the only therapy that is used. Therefore, the food should be prepared and served with as much thought as the most complicated special diet. Yet, without an understanding of the need for a so-called normal diet, it may be served in an unattractive slipshod manner with no thought to its therapeutic qualities.

In a similar manner, a high calorie diet may appear to be an easy one to prepare. But usually the patient who must follow this regimen is in need of an incentive to eat the increased amounts. Often he is the finicky type

and tries to resist the mere subject of food. Here then is a place for ingenuity, thought, and extra care in service and preparation. Little children who may have some metabolic disturbance in which increased energy is needed, might be tempted to eat the food on the tray if a simple toy is placed upon it, a face drawn upon the boiled egg, or if a flower lies beside the plate. These things take a



little time, but if the food is eaten it will contribute to the well-being of a body that for some reason lacks the proper nutrients.

When a diet is rigidly restricted, as in salt-free, liquid, or semi-liquid, it tends to lack all interest for the patient. Perhaps the student nurse will become more interested in this type of feeding for she may feel that it is really a "diet." Such restricted fare needs thought too, for it usually lacks the contrasting colors which all of us enjoy seeing on the plate. Also, taste buds are not stimulated by the monotonous repetition of the allowed foods. Here again is a challenge to the clever and resourceful nurse for she can make the otherwise uninteresting fare an event. In home nursing this is possible by utilizing attractive dishes that give color and variety. In the hospital this is seldom possible, but again, a touch of color, or perhaps serving the dishes in courses, will help to break the monotony of the diet.

There is no reason for assuming that because of limits placed upon these diets they must be served in all their drabness and unattractiveness.

In hospital nursing, aside from the training received in the dietetics laboratory, the mechanics of food service are not too closely allied with nursing, *unless* the facts learned in the classroom are mentally carried to the floor and applied to the total scheme of healing. Even if the diets are prepared in a distant part of the hospital and sent to the floor without consultation or explanation to the nurse, they should be looked upon as another type of medication to help the patient to a speedy recovery—and served with this in mind.

The picture is clearer in home nursing. Here the nurse is responsible for the trays of the individual and she owes her patient the best that she can produce in all branches of her art. Is it fair to serve an ill person with a soft and watery custard that would have no appeal for a person in good health? If the simple rules of egg cookery are observed, a plain custard can arrive in the sick room as a well-formed, nicely browned dish that will tempt the eye—and the appetite. Yes, this is cooking, but think of it rather as applying the knowledge of cookery as another tool that will help the patient. A nurse will not hesitate to learn other manual arts because who knows that such training and occupation will help her patient. Why not use cookery to this same end?

Public health nurses soon learn that a complete knowledge of foods is a definite asset in their work. They face almost all [Continued on page 80]



## "Male Call"



# Reviewing the News



## Requiem

A forgotten piece of legislation came up before the Senate the other day when the chairman of the Senate Committee on Military Affairs, Senator Elbert Thomas of Utah, asked that Calendar No. 129, House Bill 2227, be stricken from the calendar. H.R. 2227 was the Nurse Draft Bill. Passed by the House and reported to the Senate by the Military Affairs Committee, no further action was taken after the War Department informed the committee that the bill was no longer necessary. The Senate's action does not revoke the proposed draft, but the bill, together with all other legislation not enacted, will die when the 79th Congress adjourns.

## Legal Opinion

Business and industries in the State of Washington are protesting a recent law to limit women to eight work hours in any one day. The employer group maintains that such an order is illegal on several grounds, that it requires replacement of women with men in many occupations.

Washington State nurses await the outcome with interest, as it is the opinion of the legal counsellor of W.S.N.A. that the order applies to them. Limiting the women's work day to eight hours with a regular 40-

hour week, the law allows work on the sixth day at time-and-a-half for a maximum of eight overtime hours permitted in any one week.

## Practical Nurses

A significant development in supplying nursing care for the people of Canada is the new nine-months' course for practical nurses recently opened by the Canadian Vocational Training School in Toronto. The course is open to ex-service women only, though it is expected to be increased to include non-service applicants in the near future. The nine-months' course was opened on March 4, and the first graduates will be available for service early in August, since the final three months of their schooling is given during actual employment, during which time they still receive supervision and guidance.

Two other training schools have recently been opened on the undergraduate level to provide nursing care for the people of widely separated parts of the globe. The Near East Foundation, the Greek Ministry of Health, and U.N.R.R.A.'s Greek Mission have opened a school to give



30-months' training, followed by supervised work for a six-months' period to provide health service in the Aegean Islands. On the other side of the world, a nursing school has been set up under the auspices of the N.N.C. to train native nurses on the Island of Guam.

In New York City, John F. McCormack, president of the New York State Hospital Association said that "increasing opportunities in private industry and businesses and in health protection programs point to employment of more and more nurses in the near future. The practical nurse should be brought into the picture in every possible way."

## Uniforms

Nurses' uniforms may soon become more plentiful but higher in price, due to O.P.A. action removing them from a list of restricted price items. The action is taken in an effort to stimulate production of prewar staple goods by allowing manufacturers to add increases in labor and material costs to their present price ceilings. The new ruling applies mostly to items of cotton apparel, including, in addition to nurses' uniforms, utility aprons, children's playsuits, and doctors' gowns.

## Award

The War Department last month issued a citation for Meritorious Civilian Service to R.N.'s editor. The commendation reads in part: "As information specialist and by unusual under-

standing, intelligence, and ability, Dorothy Sutherland succeeded in obtaining material portraying Army nurses in the field during their busiest and most trying times. She exhibited great tact and diplomacy in dealing with professional personnel and her efforts and success in interpreting nurses and doctors was of an outstanding nature. Through her constant efforts, Miss Sutherland contributed materially to the successful reporting of Army nurses' activities in the North African and European Theatres of Operation. Her loyalty, sincerity, and superior performance has brought credit to herself and to the Medical Department of the United States Army."

Miss Sutherland obtained a leave of absence from the magazine in order to serve some 15 months overseas as war correspondent with the Army Nurse Corps.

## Enrollment

Western Reserve University School of Nursing in Cleveland, in addition to its collegiate course in nursing, has resumed its enrollment of students in



the undergraduate basic nursing course. The three-year course was discontinued at the end of World War II.

Because of the continued shortage of graduate nurses in both hospitals and public health agencies, Western Reserve has decided to accept high school graduates who are in the upper third of their classes and who pass the aptitude tests of the school of nursing. Students for the basic course will be admitted for the winter term which starts September 30, 1946, and upon successful completion of the three-year course they will be given a diploma in nursing by the school and be eligible for admission to State board examination for registration in Ohio.

## Cadet

While the admission of student nurses under the Cadet Nurse training program was closed as of October 1945, the existing courses will not be concluded until the fiscal year ending June 30, 1948, when the last of the Cadets now enrolled will complete their training and graduate.

To carry on the program for the

## Wanted

Will graduate nurses, whose mothers or younger sisters are also nurses, send us their names, addresses, and a few autobiographical facts? We are looking for a family team around which a story may be developed.—THE EDITORS.

students now in training, \$16,713,000 was asked for in the budget submitted to Congress by President Truman in January. Testifying before the House Appropriations Committee, Miss Lucille Petry stated that economies had



been effected which would permit the program to function with \$16,306,548 instead of the amount originally requested. The committee and the House rounded the amount off to \$16,300,000 and stated that it "expects that there may be substantial savings . . . because of drop-outs which may occur more rapidly than the U.S.P.H.S. anticipates."

There are at present 104,000 Cadets still in training under the Bolton Act, and graduations through June are expected to total 38,000, Miss Petry told the committee.

## New York City's Health

Climaxing a period of various activities pertaining to medicine and health, New York City's mayor has ordered a city-wide health study to determine the need for improvement and expansion of the various activities under the Health Department. The study [Continued on page 60]

# Public Health Gains in California



WHEN PUBLIC HEALTH nurses in one region of a State work for economic gains through their professional nursing association, and in another section through a labor union, comparison of the results obtained should be significant as well as enlightening. That is what has happened in California—the public health nurses of the Los Angeles County Health Department working through C.S.N.A., and those of the City of San Francisco working through the C.I.O.

The table at the bottom of this page shows what the two groups asked for and what was granted.

At the request of the Bureau of Public Health Nursing of Los Angeles County, C.S.N.A. surveyed public health nursing in that area, reported their findings in April to the Chief Administrative Officer of

Los Angeles. The report showed an excessive amount of work and responsibility, low pay, and consequent high personnel turnover. The association then asked increases as shown on the chart. Although the gains were not entirely as requested, they do show pay rises of from 15 per cent in the lower brackets to 17 per cent in the top categories.

Next year, the C.S.N.A. will approach the County again and it is hoped that further gains may be made at that time. Vera S. Johnson, assistant executive director of C.S.N.A. who handled the difficult job for the public health nurses, says she believes the current increases—effective this month—will pave the way to improvements in the economic status of all public health nurses in the County and eventually throughout the State. [Continued on page 54]

TITLE	C.S.N.A. Employment Schedule Recommended	C.S.N.A. Asked	Los Angeles Board Granted	C.I.O. Asked	San Francisco Board Granted
Public health nurse	\$195-245	\$211-259	\$211-259	\$200-250	\$190-230
Supervisor	245-290	246-303	246-303	255-295	230-290
Assist. Director of p.h. nursing	325-385	319-395	303-375	300-350	290-330
Director, p.h.n. (large agency)	400-500	395-489	355-440	400-500	330-400



RN

## GOES TO A CHILDREN'S ZOO

One of nursing's most unique assignments is that of New York's young, attractive Corinne D. Johannson, R.N.—official “zooperintendent” of the Children's Zoo in Bronx Park. Starting in 1941 as staff nurse for this unusual project in child education, Miss Johannson is now manager-director of the Zoo with a staff of assistants and keepers under her. The zoo is famous for its success in building child's confidence. Friendly farm animals of familiar nursery tales are brought out into the open “ring” where children may play with them freely and safely.



"Children and animals should make friends when both are young," Miss Johannson thinks so she arranges to have them meet at the entrance gate and mingle freely in the ring which is surrounded by a tiny mouse village and other buildings scaled to children's size.

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Corinne Johannson's special pet is Deacon, a talking crow! Adults are startled by his greeting but youngsters answer his cheery "Hello" and accept him as part of the fairybook come to life which is the Children's Zoo. [Turn the page]





*Experience on the pediatric wards is helpful in anticipating reactions of animals and children. Corinne prefers to have parents remain in the background where their fear of the un-*

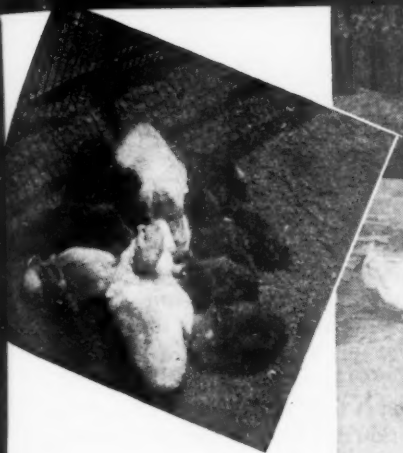
*familiar will not affect the child's instinctive desire to touch and cuddle. "Children welcome new experiences," she says. "They should be encouraged not intimidated."*



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ences are low so that bipeds and quadrupeds may get close to each other. Baby sheep are few but ducks, geese, and rabbits come back to the Children's Zoo year after year. Animals look forward to being petted and children recognize old friends from earlier visits.

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Children ask questions about the animals and parents ask questions about their children. Miss Johansson finds her knowledge of child psychology and the rules of health an invaluable asset.



the Children's Zoo

(Continued)





## The Children's Zoo

Photos by Anne M. Goodrich, R.N.

Part of the "Zooperintendent's" responsibility is for the health and welfare of her charges. "Baby animals and baby humans have a lot in common," says Corinne Johannson. "They need to be well fed and well cared for. They need sunshine, exercise, and affectionate understanding." Miss Johannson is fond of both and they return her affection and look to her for guidance.



Children wish they could stay here forever. At least Miss Johannson sees to it that they return year after year in ever increasing numbers.



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# Calling All Nurses

**N**URSES WHO WANT to locate friends whose addresses have been recently changed or become lost during the past few years may submit for publication, without charge, a short notice of about 75 words "calling" for information about any other registered nurse.

**VIRGINIA LANDEEN:** Graduate of Eitel Hospital, Minneapolis, in 1940. Now married and living in the East. Please communicate with Mrs. R. D. Donaldson, Box 548, Packanack Lake, N.J.

**LT. SOPHIA DUDA:** Graduate of Shadyside Hospital, Pittsburgh, Pa. Please write to Lt. Dorothy Stauff, N-761068, 62 Field Hospital, APO-168, c/o Postmaster, New York City, and Lydia B. Rickerds, 4104 Nichols Ave. S.W., Washington 20, D.C.

**THERESA HUESTIS:** Graduated from General Hospital at Wichita Falls, Texas, in 1944. I would like to hear from you. Doris Barnard, c/o Cook Hospital, Ft. Worth, Texas.

**MALE ANESTHETISTS:** I am a male nurse anesthetist who would like to contact other men in this field. Please communicate with D. S. Kozikoski, 3404-A N. 21st St., Milwaukee 6, Wis.

**MRS. EVA CARROLL JENSEN:** Graduate of New York Postgraduate Hospital. Last address Orlando, Fla. Please communicate with Mrs. Velma Lyons, Brook, Indiana.

**KATHERINE LUBY:** In Replacement Unit No. 9, World War I; also

**GRACE CUNNINGHAM:** At one time in Canal Zone. Please communicate with Miss A. Puck, U.S. Indian Hospital, Tacoma 5, Washington.

**LT. KATHLEEN NORRIS, A.N.C.:** Served in the Southwest Pacific area from 1943 to 1945. Last heard from in Brisbane, Australia. How about a letter? Dorothy H. Shaffer, 132 Franklin Ave., Brookville, Pa.

**PARTNER FOR CONVALESCENT HOME:** I would like to start a small nursing home in partnership with another R.N. Location no object. If interested, write Box EEJ, c/o R.N.

**NURSES OF WORLD WAR I AND II:** We invite you to join with us in the Massachusetts All Nurse Post No. 296 of the American Legion. Help us make this one of the outstanding posts of its kind in the Country. Meetings are held every second Thursday of the month at the Hotel Statler, Boston, Mass. Please communicate with Edith M. Van Campen, Membership Chairman, Post No. 296, Hotel Statler, Boston, Mass.



# Nursing the Polio Patient at Home

by Louise Suchomel, R. N.

AT THIS TIME of the year, when traditional outbreaks of infantile paralysis may be expected, every nurse, and especially every public health nurse, faces the possibility of giving nursing care to victims of this disease. It is only natural that she should seek advice with regard to the best modern practices of the nursing profession in this field.

Instruction in the special handling of these patients is usually available in hospitals. Hospitalization of patients, especially in the early, acute stage of poliomyelitis, is decidedly desirable. But what about the nurse who must go into the home to give care, sometimes within a day or two of the onset of this disease? What are the things she should know to contribute to the patient's recovery with the least possible crippling after-effects of this complicated disease? It will be an aid to the physician in charge of the case if the nurse whose

experience with poliomyelitis has been scanty knows the fundamentals of special nursing care for infantile paralysis cases.

Most public health nurses are on the alert for early recognition of symptoms indicating poliomyelitis during the months of June through September, when the largest numbers of cases are reported. They realize that early and proper care of this disease can save much pain and minimize the deformities which sometimes result. They also should know that patients placed under a physician's care who are in need of financial assistance may receive it from County Chapters of the National Foundation for Infantile Paralysis. No patient today need go without hospital, medical, nursing, or physical therapy care, for lack of funds. Often



a nurse can give this information to families.

Home contacts of public health nurses provide opportunities to interpret those measures which the local Health Department advises for

The author of this article is assistant consultant in orthopedic nursing of the National Organization for Public Health Nursing which, with the National League for Nursing Education, administers a grant of the National Foundation for Infantile Paralysis for a consultation service for nurses at 1790 Broadway, New York 19, N.Y. Miss Suchomel has been supervisor in orthopedic nursing for the Visiting Nurse Association of Detroit, is a graduate in physical therapy of the Harvard Medical School, and has specialized in care of infantile paralysis patients.

control of an epidemic. They also provide the means for helping to allay the fear and panic of the family, by the dispensing of information about infantile paralysis and its treatment. For example, it is reassuring for parents to know that 50 per cent of all infantile paralysis patients emerge with little or no crippling. And, if the patient must remain home during the acute stage of the disease, the family may be less apprehensive if instruction in proper nursing techniques also is available to them through the public health nurse.

The actual nursing care of poliomyelitis patients is similar to that for any febrile disease. But there are a few special procedures which warrant the attention of both nurse and family during the acute stage. For example, the patient should be moved as little as possible. Bathing is desirable, of course, but all unnecessary rubbing or massaging in any



form should be avoided. It is important that the patient maintain adequate diet and fluid intake. Records of eliminations should be accurately maintained. And, a special point: the depth and rate of respirations should be closely observed, even though there are no apparent symptoms of respiratory involvement, such as changes in nasal tone or difficulty in swallowing.

The bed position of infantile paralysis patients in the early stages is of extreme importance. It is the public health nurse's responsibility not only to understand *how* to maintain normal bed position, with home-made devices, if necessary, but to explain it and its significance to the family. Acute pain may cause a patient to assume poor bed posture until his symptoms are relieved. Yet he should be supported at all times with his body in as nearly normal alignment as possible.

The beds we find in homes are not as firm nor as high as those in hospitals. Therefore, a bed often must be elevated with foot blocks, to prevent back strain on the part of the nurse, physical therapist, or mother serving the patient. A firm surface, which is most comfortable for the patient, can be provided by placing boards under the mattress extending the entire length and width of the bed. A foot-board, 18 to 24 inches above the level of the bed springs, held away from the mattress with two 4 by 4 inch blocks, will hold the patient's feet in normal position at right angles to the lower leg, if pain and spasm permit. It will provide space for the heel and keep bed covers off a painful leg. A covered box or home-made foot rest often is used instead.

Other aids to good bed position may be found in most homes. For instance, a small folded bath towel may be placed under the knees to support the joint in slight flexion. The legs should be placed slightly apart and the hips in a position midway between inward and outward

rotation. Sand bags, or a rolled, firm blanket placed along the leg from above the hips to just below the knees, will support the legs in this desired position. Remember, too, that when a patient is lying on his back, his arms should be straight at his sides.

No one position should be maintained for too long a time, as this increases the chances of shortening muscles. The average patient may be turned every two hours. Avoid twisting the trunk, though, for it may aggravate inflammation of the spinal cord. Limiting the back-lying position adds to comfort, aids circulation, and facilitates drainage of lymph and venous blood. Support should be given all joints when the patient is moved, however, as the skin and muscles are extremely sensitive and weak or paralyzed muscles must be prevented from stretching.

The nurse should be familiar with symptoms of spasm, so she can keep track of the progression of involvement. Symptoms readily observed are pain or tenderness, limitation of joint



motion, persistent disalignment of the body, or an extremity.

Physicians may prescribe heat in the form of hot packs to relieve this pain and muscle spasm. The parts of the body to be packed and the frequency of application will vary with the individual patient. Mothers and

other members of the family may help with hot-packing, if properly instructed. Passive movements, often recommended within a few days of the onset of acute symptoms, may be given by the nurse or some member of the family following instructions by the physical therapist. Physical therapy, such as tendon stimulation or muscle re-education, can be given only by a qualified physical therapist.

What will you need in the way of equipment for this early care in the home? Woolen and waterproof material for hot packs, of course. Most public health nursing agencies have a supply of this material at hand for such emergencies, and the National Foundation for Infantile Paralysis provides woollen material where needed. Old woollen blankets and bathrobes, as well as shower curtains and thin rubber sheets, can be collected from friends and neighbors, if necessary.

Equipment for preparing the packs, such as galvanized pails for boiling, or washing machines, electric roasters, waterless cookers, and large double boilers, usually can be obtained. They should be used only for preparing the packs for the patient, especially during the isolation period.

In some communities, local Chapters of the National Foundation have purchased commercial packing machines that can be used in the home.

If a district nurse has had preparation and experience in applying packs, she can teach a member of the family [Continued on page 66]



## *The Yellow Flag Flies Again*

by Ruth B. Scott, R. N.

**A**N OUTBREAK OF smallpox beginning in Seattle and San Francisco early this spring presented a challenge to public health authorities and local nurses. Many of us had never seen an active case of the disease, as the last recorded epidemic had occurred before most of the local nurses had entered training. However, medical personnel rose to the occasion and the nurses, old and young, assisted in the huge free clinics and busy private offices and hospitals. They gave information, assisted with immunization, and cared for the smallpox victims.

Seattle's first civilian case of smallpox was that of a soldier's wife who had been confined to the isolation ward of an Army station hospital with diphtheria. During her hospitalization, a smallpox patient, recently evacuated from military service in Japan, was being cared for in another section of isolation. After her discharge, the soldier's wife was admitted to a civilian hospital because of fever, headache, and backache. Her illness was later diagnosed as smallpox.

When hemorrhagic smallpox, the incurable so-called black smallpox, developed, it was obvious that a virulent oriental form of the disease was present. Before the epidemic

was halted, 67 new cases had been reported, 20 deaths had occurred, and the mass immunization program had been carried out, in which over 200,000 people were vaccinated in one week alone.

While five years is commonly accepted as a safe vaccination period, immunity is always a relative factor. During the epidemic, public health authorities advised three years as a revaccination period, all contacts to be vaccinated regardless of how short a period had elapsed. Nurses caring for actual cases were required to have a fresh "take" at least 21 days old, or to have had two definite immune reactions. The wisdom of revaccination after one immune reaction was demonstrated when a number of nurses, who did not get a "take" on their first revaccination, got a strong positive reaction on the second.

While smallpox vaccinations are considered routine for admissions to schools, for obtaining passports, etc., it is not until an epidemic occurs that the public becomes aware of the potentialities of the disease. In Seattle, newspaper reports moved from the inside pages to the front page. Public health officials, through the medium of radio and newspapers, urged immediate vaccination of the

entire population. The emergency hospitals in San Francisco were open 24 hours a day, and the Seattle Department of Health extended its revaccination from one clinic to four in the emergency hospital alone, and added clinics in 26 fire stations, in schools, and in housing projects. Many business firms and industries gave vaccinations to all employees. City and county public health nurses were busy with supervision and vaccination, while State public health nurses urged vaccinations on a State-wide basis. All ages from the newborn to the aged, the well and the sick, were vaccinated, except where specifically contraindicated and certified by a physician.

The Red Cross Nursing Service called nurses for volunteer work, and radio and newspapers issued an

appeal for registered nurses who had been vaccinated to assist with the clinics. At the fire station free clinic where I was helping, we worked a ten-hour day and vaccinated 2,700 persons in the first day alone. The red fire trucks were parked outside and a long line of adults, babies, and children formed before the opening hour.

We had a team of seven to ten persons for the actual vaccinations. Each team consisted of a doctor who volunteered through his medical society, two R.N.'s who volunteered through the Red Cross, two or three Red Cross nurses' aides, and, in addition, two or three medical corpsmen assigned by the Navy. The district visiting nurse supervised the supplies, personnel, and technique at our station. Relief hours were sched-



"He just likes to have us stand up."

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uled for each of us, and volunteers  
arrived faithfully.

The routine consisted of having  
the vaccination site, usually the arm,  
wiped with acetone by one person  
while two others broke capillary vac-  
cine tubes, put on the rubber bulb,  
and opened the tubes of sterile  
needles and placed them convenient-  
ly on sterile gauze. Two people ap-  
plied the drop of vaccine from the  
tubes and three others, using a sterile  
vaccination needle and the multiple  
pressure or light prick method of ap-  
proximately twenty-five insertions in-  
to the top cutaneous layer of skin,  
tried not to draw blood which would  
wash away the serum.

We tried to personalize a mass  
vaccination process, so far as we  
were able, within the limits of time  
and practicability. For instance,  
when a woman had a definite opinion  
of where she wanted her vaccination  
or her child's, it seemed to be good  
public health teaching to follow her  
wishes, if possible, instead of sending  
her away hurt and angry with a vac-  
cination where she didn't want it.  
However, most doctors preferred  
vaccinating on the arm because of  
lessened danger of infection or ir-  
ritation by muscle action in case of  
a "take."

Public morale at our station was  
excellent with a minimum of crying  
children. Many adults had foreheads  
dewed with perspiration or tense  
muscles which showed their nervous  
concern, but all were relieved at how  
quick and painless the actual vac-  
cination was in spite of an hour's  
trying wait in line. "That's all, let it

dry five minutes," would surprise  
them, and if we did not watch, a  
few would go on to the next needle.

At some of the clinics, slips were  
given out with general information  
about care of vaccinations and what



to look for in the way of reaction.  
These slips saved the nurses valuable  
time and effort and were reassuring  
to the public.

Professional and lay organizations  
contributed not only to the actual  
immunization program but to the  
morale of the workers. The Red  
Cross canteen service brought sand-  
wich lunches, hot coffee, and car-  
tons of fresh milk for the workers.  
The Red Cross motor corps made  
frequent small deliveries of fresh  
vaccine so that it was never off the  
ice for a too-long period of time be-  
fore use.

Firemen and P.T.A. volunteers  
kept the names, addresses, and age  
records of everyone being vaccinated  
and helped to form lines and have  
arms bare so that the teams could go  
to work with a minimum of prepara-  
tion. The combined fire station clinics  
vaccinated a total of 60,000 people  
the first day. [Continued on page 64]



## GLASS PLASTIC— Aid to Orthopedic Surgery

A NEW PLASTIC CAST has been invented and perfected by an orthopedic specialist, Dr. Roger Anderson of Seattle, and any nurse who watches while it is applied is impressed by the simplicity and efficiency of the procedure.

An elderly patient, who might be upset by a trip to the cast room, is having a plastic cast applied to his slowly healing fractured leg while he remains comfortably in his own bed. None of the usually bulky protection of newspapers and draped sheets clutter the room. The doctor is wearing his street clothes, and the nurse has taken the precaution of tying a cotton gown over her white silk uniform which she thinks may be partly celanese and, therefore, sensitive to plastic solvents. Neither doctor nor nurse wears gloves.

The first step in applying a plastic cast is to roll stockinette onto the patient's leg with enough extending over the toe to furnish a hold for suspending the leg, and enough at the top of the thigh to turn down over the finished cast. A felt strip an eighth of an inch thick is wrapped around the top and bottom of the cast area to provide soft edges and is held in place with adhesive tape.

Alternately, the nurse and doctor dip rolls of wide-weave glass plastic

bandage into a special setting solution contained in a small aluminum drum. They lay the roll of bandage on a perforated shelf in the container, push down briefly on the plunger handle to immerse the roll for five seconds, then let the plunger rise so that the excess solution will drip for a moment.

The bandage is circular knit in the fashion of a man's tie. The whole roll is lifted out of the container and applied like any roller bandage, with each spiral overlapping a little past the mid-point of the previous turn. The knitted circular bandage gives freely so that the heel turn is made smoothly and easily. The doctor works from the toe upward, the nurse works from the knee downward.

When the whole cast has been applied, the doctor wraps it snugly in an elastic cotton molding bandage. Doctor and nurse then press and pat lightly on the cast to mold the layers together. Now the cotton molding bandage is removed and two electric hand dryers are clamped to floor stands to blow a current of warm air on the cast.

In an unbelievably short time the cast is finished. In ten minutes it will be hard and dry enough to hold its shape and the dryers can be turned

off. In a completely faster plastic to admit weight The nurse wh

Wearing ers may clean

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off. In a few hours it will be completely dry. In addition to drying faster than ordinary plaster, the plastic cast is also washable, porous to admit air, and only one-sixth the weight of a plaster cast!

The doctor leaves the room, the nurse wheels out the supply cart, and

forced part of the cast directly under the weight-bearing line of the body. She will spray the heel area with setting fluid, hold the button in place with a square of four strips of bandage, apply the molding bandage briefly, and then let the cast dry. The next morning, the man will be

permitted to walk. The resulting cast is more rigid and stronger than a plaster cast, but so light that the patient can move his leg with his own muscles. The porous cast allows more air to reach the skin beneath it. The new glass plastic also permits easy Xraying so that a clear, diagnostic film may be taken through the cast. The same Xray technique is used as if no cast were in place, and there is no shadow of the cast on the film.

When "Othello" was on tour one of the actors fractured his foot but he went on stage in his usual costume. Few in the audience noticed the black plastic cast. Only the story in the newspapers

next day advised the audience of the cause of his slight limp. In addition to its other advantages, a plastic cast may be made in several colors.

In the surgery cast room, a woman with a six month's old multiple fracture of the thigh is having a new spica cast [Continued on page 74]



*Wearing this lightweight cast, industrial workers may keep on the job. Soap, water and brush clean soil away easily.*

the room is completely neat. No plaster tracks up the floor and hall. No sinks will be stopped up, no crumbling plaster in the bed will predispose the patient to bed sores, and no plaster pail is permanently caked.

In a few minutes the nurse will set a walking button on the rein-

## Public Health

[Continued from page 39]

The California State Nurses Association gains are higher than the improvement effected by the San Francisco public health group through its C.I.O. affiliation.

The C.I.O. City and County Employees Union launched its campaign with a 38-page brief address to the San Francisco Civil Service Commission. A provision in the City Charter requires that city employees shall receive like pay for like work. A large part of the brief presented a comparison of city and county salaries showing that nurses were underpaid by this standard. Said the brief also, "the duties of public health nurses of other California agencies are not as complex and varied as in San Francisco;" and that "a study of the public health nursing positions in the State of California under public or private control will nowhere show a list of functions and responsibilities as varied as in San Francisco."

Local nurses were not satisfied with the results, although they had no criticism of the efforts made in their

behalf by their C.I.O. representatives. Doris L. Robinson, director of the Bureau of Public Health Nursing in San Francisco, said the city offered stiff opposition. She said she thought that the C.I.O. had done an able job and conducted a sound campaign, getting the best results possible, considering current circumstances in the city.

Meanwhile, as a result of C.I.O. efforts in Alameda County, public health nurses have been granted a raise which amounts to 18½ cents an hour, effective this month, which they consider good.

First and foremost conclusion to be drawn is the fact that two separate and distinct groups have acted in behalf of public health nurses and have succeeded in improving their salaries. The methods used were similar—research, presentation of the facts, and persuasion. The results seem to disprove the argument that a State nurses' association is ineffectual as a collective bargaining agency; they also give the lie to the belief that a labor union must use radical methods or the strike technique in order to achieve its objectives.



NURSE, MY FEET ARE  
ALMOST KILLING ME

JUST ASK FOR DR. SCHOLL'S  
FOR YOUR FOOT AILMENT



### Dr. Scholl's FOR FOOT RELIEF

Being a Nurse, no one knows better than you do how you hurt all over when your feet hurt. Whatever common foot trouble you may have—corns, callouses, bunions, weak or fallen arches, tired, aching feet, perspiring, odorous or itching feet—there is a Dr. Scholl Remedy, Appliance, Arch Support, Pad or Plaster for quickly relieving it. The cost of Dr. Scholl's is very small. At Drug, Shoe, Dept. Stores and Toilet Goods Counters. FREE booklet on Foot Care. Write THE SCHOLL MFG. CO., Inc., Dept. RN, Chicago 10, Ill.

# "RAZZBERRIES!

sez I to  
Summer prickles  
and chafes!"



Most doctors  
in survey say  
**MENNEN** is the  
best baby powder—

"Here's the recipe. Tell Mommies to sprinkle mild, soothin' Mennen *Antiseptic Baby Powder* on baby's skin every day, for smoother, lovelier skin, 'glowin' with health'. Helps prevent and relieve hot weather prickles, urine irritation, many other troubles. Extra-smooth 'cause it's *cloud-spun*—better against chafing. New scent makes baby smell so sweet. For baby's sake (and Mommy's too), please recommend *Mennen*!"

Something **NEW** under the sun! **TAN** beautifully,  
safely, comfortably . . .



New beauty secret—nurses and mothers rave about their beautiful suntans (and baby's, too) with soothing, protective Mennen *Antiseptic Baby Oil*. Try it yourself now—best for baby, best for you!

**MENNEN** ANTISEPTIC BABY OIL





## "My Feet Feel As If They Couldn't Take Another Step!"

... that's the way night duty in crowded wards leaves all of us. But I take a MU-COL foot bath as soon as I'm off. It drains the ache away ..."

**Mu-col**

**Eases Tired  
Aching Feet**  
(due to overstrain)

That was a nurse's discovery! A little MU-COL powder dissolved in warm water for a foot bath gives wonderful quick relief. That's only one of many uses for MU-COL, which is recommended by doctors for its soothing, cooling action on mucous surfaces.

MU-COL is a balanced saline-alkaline bacteriostatic and mucus solvent. In powder form it does not deteriorate and is quickly soluble, handy for traveling. Among its many valuable uses are: as a hygienic detergent of mucous surfaces, effective nasal douche, gargle or mouth wash, a cleanser for dentures, to relieve discomfort from sunburn, heat rashes, non-poisonous insect bites or other minor skin irritations. MU-COL is non-poisonous and non-corrosive—safe for the medicine cabinet.

### MU-COL Free Samples for Nurses Are Back

Name  
Address  
City-State

Before the war thousands of nurses were introduced to MU-COL by R.N. Why not you, now? Please clip the coupon.

TO—  
THE MU-COL CO.  
Dept. RN-76  
Buffalo-3, N.Y.



### MICROBIOLOGY FOR NURSES

By Charles G. Sinclair, M.D.  
F. A. Davis Company, Philadelphia, Pa.,  
1945. Sixth revised edition, \$2.75.

- The book is divided into two parts. The first part describes microorganisms, various diseases and their causes, as well as the action of drugs and the effect of sterilization upon the various organisms. The second part is devoted to an outline of laboratory tests which provide practical experience and illustration of the foregoing text. A useful book for study and reference.

### THE FUTURE OF PREVENTIVE MEDICINE

By Edward J. Stieglitz, M.D.  
The Commonwealth Fund, New York.  
First Edition, \$1.00.

- The optimum development of the individual as an integral part of the community and the responsibility of the physician and the general public in carrying out this objective is the thesis of this book. Illustrated with graphs and tables.

### HEALTH CARE OF THE FAMILY

By Ramona L. Todd, M.D. and Ruth B. Freeman, R.N.  
W. B. Saunders Company, Philadelphia, Pa., 1946. First Edition, \$3.00.

- A valuable text for both the homemaker and the nurse. This book outlines causes of disease and its prevention. It stresses child care in health

WONDERFUL! FRESH  
STOPS MY PER-  
SPIRATION WORRIES  
COMPLETELY!

AND FRESH IS SO  
PLEASANT TO USE.  
IT DOESN'T DRY  
OUT IN THE JAR!



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and illness. The chapters on reproduction should prove especially useful to the nurse wishing to teach sex hygiene to adults or adolescents. Illustrated with simple line drawings and graphs, this is an easily understood text which will be valuable to students and teachers of public health.

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LECTURES FOR NURSES**

*By James A. Mansmann, M.D.*  
*University of Pittsburgh Book Store,*  
*Pittsburgh, Pa., 1945. Second Printing, \$.75.*

- A definition of allergy is followed by clear descriptions of clinical manifestations, their causes, and treatment. This is not a textbook, but rather a notebook for quick reference which will supply the key information with which to look up further facts.

**PREVENTIVE MEDICINE  
AND PUBLIC HEALTH**

*By Wilson G. Smillie, M.D.*  
*The MacMillan Company, New York,*  
*1946. First Edition \$3.00.*

- An introduction to a point of view on public health and its relationship to the human race is the object of this volume. Housing, sanitation, and food are discussed in their relationship to the individual and to the community as a whole. Various diseases and their causative factors, together with their treatment and cure, are clearly outlined. The chapter on vital statistics is clearly set forth and should prove invaluable to the nurse who wishes to know what statistics mean, how they are arrived at, and



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how to evaluate them. Interpreting the health standards of your community, its needs, and possibilities for improvement should be easier after reading this worthwhile text. Of paramount interest to the public health nurse, this book should also prove a valuable reference for the student.

## SYPHILIS

*Pamphlet.*

*The Community Service Society of New York, 1946. Five cents a copy up to 100, 4c each over 100 copies, plus postage.*

- One of a series of pamphlets designed to be of use to the public health nurse in teaching the family prophylaxis and prevention of the disease. Recognition of symptoms and outline of treatment are clearly described.

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## News of the Month

*[Continued from page 38]*

will take into consideration improving the facilities for prevention and care of communicable disease, and improvement of direct medical service in the field of the physically handicapped, as well as streamlining inspection and supervision of foodhandlers and premises on which food is sold.

In an effort to improve the basic health of the city, Superintendent of Schools John E. Wade has announced that evidence of a health examination by a registered physician will be required of every pupil applying for admission to New York City public high schools next September. The



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regulation grows out of the findings of the study conducted in six of the high schools last year, and is based on the need "to determine the pupil's health and physical fitness for the course of training for which he has applied at the start of his vocational or high school training, rather than later in his career."

Taking into consideration the needs of the physically handicapped, the Metropolitan Museum is planning reconstruction of its buildings in such a way that persons confined to wheelchairs or crutches may have easy access to all parts of the building. The new buildings will be constructed to be reached from a grade entrance, and a system of ramps and elevators will make all of the galleries accessible. The Metropolitan will be the first large museum to cater to the needs of art lovers in wheelchairs.

Another type of chair was in the forefront of the city's news during the month when a memorial chair was dedicated in the name of Florence Nightingale by the board of trustees of the Town Hall Association. The chair, a tribute to all nurses, is one of about five-hundred named in

honor of various persons. The chair was unveiled by Annie W. Goodrich, dean emeritus of the Yale School of Nursing, and Gertrude Lawrence who read Longfellow's poem "Santa Filomena," in which Miss Nightingale is called the "Lady of the Lamp."

## Army

The War Department is conducting a survey to determine the most prevalent clothing sizes of personnel leaving the armed services. The information will serve as an aide in formulating future uniform design. More than 60 separate measurements will be taken of each of the 10,000 women who pass through the survey line at Fort Dix, New Jersey, and Fort Sheridan, Illinois. The discharges include both Wacs and Army nurses who are being examined by a staff of female anthropologists.

The information program of the A.N.C. as it functioned during the war under Major Edith A. Aynes has been discontinued as part of peacetime budget cuts. Charged with Procurement Publicity, Public Rela-

## *It is up to the Nurse . . .*

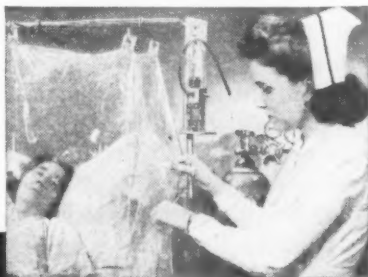
to co-ordinate procedures so that the oxygen tent canopy is opened as infrequently as possible. Thus reducing waste and maintaining the prescribed concentration.

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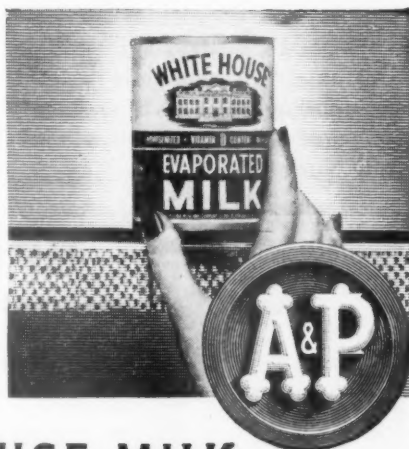
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tions, and preparation of publications bearing on Army Nurse Corps Morale, the information service is being absorbed into A.N.C. headquarters program.

Major Aynes has been reassigned to the University of California. Before proceeding to the West Coast, she was awarded the Army's Commendation Ribbon. Said Surgeon General Norman T. Kirk, "You have helped the Medical Department accomplish its mission."

New A.N.C. personnel setup includes Lt. Col. Katharine Baltz, who has been appointed consultant on nursing education. A native of Chicago, Col. Baltz graduated from Passavant Memorial Hospital in Chicago and received her B.S. degree in nursing at the University of Minnesota. During the war she served overseas as chief nurse of the 12th General Hospital in Africa and Italy. She will be Consultant for the Army Nurse Corps in all matters pertaining to military training and educational programs for Army nurses. In addition to her other accomplishments, Katharine Baltz is the youngest lieutenant colonel in the Army Nurse Corps.

## The Yellow Flag

[Continued from page 51]

Health authorities in the Seattle city area plan to ask for a State law requiring compulsory vaccination before children are admitted to school. Such laws are already on the statute books in many States, and authorities feel that they are important in preventing epidemics. Because the early symptoms of the disease sometimes resemble influenza, patients may expose others before their illness is correctly diagnosed as a case of smallpox.

Civilians entering the United States from abroad have reported in the past that they were merely asked whether they had been vaccinated, but since the epidemic began, the U.S.P.H.S. is requiring a certificate showing vaccination within the past two years.

Ships in many harbors are again flying the yellow quarantine flag. Seattle's experience in controlling a smallpox epidemic presents an excellent example of community resourcefulness in handling a difficult and unfamiliar situation.



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## The Polio Patient at Home

[Continued from page 48]

the procedure. If she has not had this special training, she should request the help of someone who has, whether within her own organization or another community agency.

As the disease progresses the point is reached when muscle re-education begins. The nurse and family should meet with the physical therapist at least once to learn the

various bed positions which provide adequate support for affected muscles, and how to handle the patient without discomfort or the danger of increasing spasm.

A daily routine, written out by the nurse, will prove to be a great help to the family. Home tasks usually need redistribution at this time to allow for rest, recreation, shopping, cooking, and other household activities of the mother who must care for her child. This is extremely important with regard to psychological problems arising from over-attention to the patient, as well as over-fatigue of the mother.

The convalescent stage of poliomyelitis, usually occurring from six to eight weeks after the onset of acute symptoms, is the period in which weakened muscles make their greatest gain in power. When muscle tenderness has disappeared, the medical and nursing supervisor play especially important roles—and continue to do so, sometimes, for a year or two, until physical restoration of the patient is complete.

If a patient has been hospitalized during the acute stage, which for-

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tunately occurs more often today than a decade ago, continuity of care is doubly important upon his discharge and return home. The public health nursing agency should be advised of a patient's discharge a few days in advance, so that preparations in the home can be made more easily and effectively. A visit on his first day home assists the family in establishing a home routine.

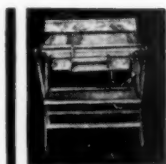
The teaching aspect of the public health nurse's role is heightened during the convalescent period. After all, an acutely ill patient will cooperate well if he receives comfort by his cooperation. A convalescing patient, more or less free from pain, will cooperate only if he understands (and his family, too) *why* protective recommendations are important to him. The object of nursing care during this period is to afford the patient as nearly a normal life as is possible. But protection of weak and paralyzed muscles and continued adequate rest are essential as the patient's activity increases.

Close attention to posture during rest, as well as activity, must be given. Simple little devices to insure

this are available. A tilt-top table extending across the bed may prevent twisting of the trunk to one side when a patient is eating, reading, etc. If he is permitted to sit up, a washboard or card table can be used as a back rest. Support under the knees, and a foot rest, still may be needed. Explain to the family *why* a bed table high enough to allow the arms to rest comfortably, or a chair which allows good sitting posture with back and arm support, no pressure under the knees and feet flat on the floor, are important. They are more important at the beginning of the convalescent period than later, when appliances such as corsets, braces, and splints may be prescribed to hold trunk, arm, or leg in correct position. If and when the time comes for use of appliances, the nurse again must help interpret their value, proper use, and care.

If physical therapy is being given, a schedule for visits by the physical therapist and the nurse should be worked out. In some communities nursing care is given on one day and physical therapy on another. This plan avoids fatigue of the patient and

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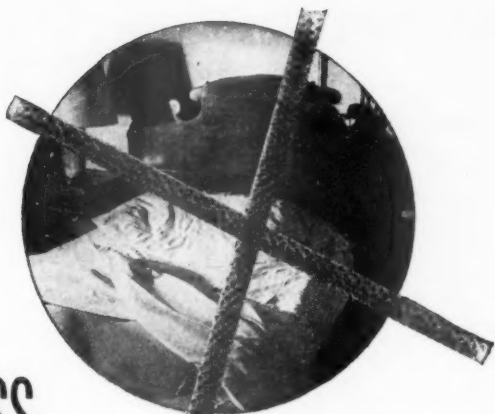
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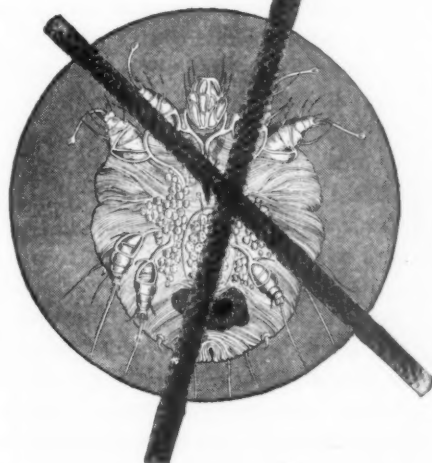
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may provide daily supervision of care given by members of the family. One visit of nurse and physical therapist, together, is a good idea. It gives the therapist an opportunity to explain to the nurse and the family which muscles are weak and which ones tight or short, to demonstrate bed positions and their importance in protecting weak muscles and preventing deformities.

It must never be forgotten that the benefit of physical therapy treatments can be lost if poor bed positions are assumed by the patient during rest and activity. An example of this, readily recognized by nurses who have visited infantile paralysis patients in the home, is the patient with tightness of back muscles and weak abdominals who is found lying on his abdomen, propped on his elbows, to read or color. The position stretches the already weak abdominals and holds the back muscles in a shortened position. The patient and his family must understand the danger and wastefulness of indulgence in this posture.

Regular habits of eating, sleeping, and resting, with special attention to fresh air either out-of-doors or with windows opened in the room part of each day, of course, are as important to the infantile paralysis patient as to any other.

In addition to physical needs, the patient may require guidance from the nurse to meet his emotional, educational, and vocational problems. Other community agencies should be called upon for help, as required. The care of the infantile paralysis



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patient is a community project involving hospitals, public health nursing agencies, boards of education, and rehabilitation bureaus, as well as the National Foundation for Infantile Paralysis. And good nursing care from the beginning—for as long as it is needed—plays a big part in achieving health and well-being of patients.

[Nurses seeking further information on the care of poliomyelitis are invited to write the National Foundation for literature and specific advice. The address is 120 Broadway, New York 5, N.Y.—THE EDITORS.]

## Keeping Patients Cool

[Continued from page 31]

patient's tray. But where latitude is permitted, the imagination she uses in carrying out the doctor's orders for forced fluids or other dietary measures may be the determining factor in how willingly the patient eats. An attractively arranged tray, bright with color, is always desirable. It is especially so in hot weather.

While it is not desirable to exclude hot foods entirely from mid-summer meals, it is important to include additional fluids and particularly those whose mineral content may replace some of the minerals lost by the body as it perspires. Chilled tomato and orange juice may be varied by the juices of other cooked, fresh, or dried fruits if the diet permits. There is something about the tinkle of ice in a pitcher of cool fruit juice that gives the illu-

sion of coolness unsurpassed by any other summer sound. Milk should not be neglected in the summer dietary and may be served in a number of attractive ways. As ice cream, as a between-meal drink by itself, or with the addition of a few drops of vanilla, a dash of nutmeg, or half-and-half with seltzer or soda water. For the high caloric diet the eggnog is unsurpassed and is particularly attractive in summer when served cold with the white of egg whipped on top and garnished with a sprinkle of nutmeg.

If your patient is wearing her own night clothes, you may find that folding the nightgown up away from the legs will make your women patients feel cooler, but be careful not to make a heavy hot band of the gown over the stomach. By the same token, men wearing only the top of their pajamas get a circulation of air through the sheets and are generally more comfortable. Make up your patient's bed with just a sheet and, if you wish, a light coverlet folded over the foot of the bed. Take off the blanket and keep it out of sight during the daytime. It looks hot even if it doesn't come in direct contact with the patient. Unless your patient wishes to read or engage in some activity where she is going to use her eyes, it will give an illusion of coolness to let down the venetian blinds or draw the shades part way.

Hair on the neck looks and feels hot. If your patient must lie on her back, try braiding her hair on each side of her head and laying it along

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the pillow, away from her face. If she is able to sit up, pin the braids on top of her head or brush the hair up all the way around and tie on the top of the head with a gay ribbon.

Keeping your patient cool during hot weather is largely dependent upon the illusion of coolness created around him. You can't control the weather, to be sure. But you *can* add to the satisfactions of giving good nursing care by doing all in your power to help your patient forget the heat.

## Glass Plastic

[Continued from page 53]

of plastic applied. "You should see us apply a cast directly over a compound fracture," the nurse says. "We autoclave the plastic bandage, the empty immersion can, the mineral oil, and sheet wadding. The setting fluid sterilizes itself."

The nursing care of infected fractures is simplified because hot com-

presses do not soften the plastic cast and may be applied through a window in the cast as often as desired.

The plastic material has the versatility of water which may change from liquid to ice to liquid again. If a pressure point on the cast needs release, the cast may first be softened by applying setting fluid, then lifted with a forceps, and reset in the desired shape. Cracks may be readily mended or wedging accomplished in the same manner.

The cast may be cut easily after using the setting fluid to soften it before the scissors or plaster cutters are used. The procedure is fast and clean as compared to the messy cutting of a plaster cast.

If an active child has to wear a cast for three months he still may play and climb trees, and when he splashes mud on his cast it may be soaked in a pail of water or scrubbed off with soap and a brush. If waterproof stockinette is used, polio patients and swimming enthusiasts may go in the pool. The feather-

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**For those who have  
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**It cleans, it stimulates and relieves soreness**

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weight cast does not retard swimming. Instead of using stockinette, some experienced doctors apply the plastic cast directly over the skin which has been powdered or rubbed with mineral oil.

The nurse no longer has to call for help for turning a patient in a body cast, for the lightness of the plastic cast makes the patient easy to handle. If necessary, the patient can be given a shower with the assurance that the cast will dry readily.

The initial cost of the plastic cast is slightly higher than plaster if it is to be used for only a short period of time, but since it is more durable it is cheaper than plaster for a long application, as it does not need replacement. Because of the ease of application, the water resistance,

and the lightness of the finished cast, physicians and nurses are watching with interest this new orthopedic development.

## Malaria-Antagonist

[Continued from page 31]

(4 - diethylamino - 1 - methylbutylamino) quinoline. But German scientists were unable to perfect a method of synthesizing one of the intermediate chemicals needed to create SN-7618, so they had discarded it as impractical.

Then American ingenuity stepped in and found the answer. The original synthesis, that formed the basis of the drug, was developed by two young chemists, Dr. Alexander R. Surrey, 32, and Henry F. Hammer,



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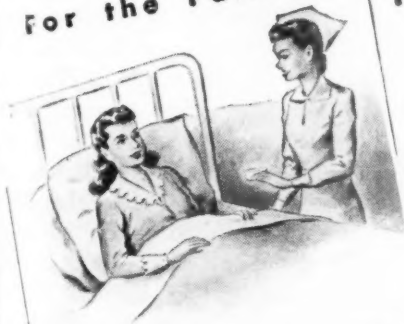
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24. Scientists at the University of Illinois worked 24 hours a day, in three shifts, to speed production of a chemical needed for making the new antimalarial. Working together, these forces managed to develop a simple method of synthesis that made large scale commercial production of SN-7618 feasible.

The results of this work remained a military secret until the first of the year when SN-7618 was announced. By that time it had been tested on animals and found successful. Later it had progressed to a wide testing program on conscientious objectors and prisoners in penitentiaries who volunteered their service.

Unlike atabrine, SN-7618 does not yellow the skin, nor does it cause stomach and intestinal distress. As a malarial suppressive it need be given only once a week, as compared to the daily doses needed for atabrine. SN-7618 will stop an attack of malaria in just 24 hours while atabrine does not usually prove effective in less than four to six days. In cases of falciparum malaria, a virulent, nonrelapsing and often fatal type, the new drug is reported as a cure.

While the new drug does not cure vivax malaria, the most common type and the one most often seen in the Pacific, it does abort the attacks of chills and fever. According to the Board for the Coordination of Malarial Studies, SN-7618 will relieve acute attacks of malaria three times faster than either quinine or atabrine.

But despite this apparent success, there has been an announcement of still another antimalarial. This one may be even more successful for there is some indication that it will actually cure vivax malaria. No name has been released for this drug, it being referred to merely as an 8-aminoquinoline. This drug is still under investigation because scientists want to be sure that there are no relapses for a sufficient length of time in order to term it a "cure."

Neither SN-7618, or the other antimalarial under study, has been released to the public, but the work continues and further reports may be expected in the fight against a disease that strikes three million persons each year throughout the world.



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## Nutrition in Nursing

[Continued from page 33]

problems related to nutrition, made more intricate by nationalities, races and religious creeds. Very often education along dietary lines is a complicated and difficult task. One family may have eaten an almost exclusively carbohydrate diet for years and they cannot understand, nor do they like, the balanced diet that the physician has prescribed. The patient himself will be difficult to deal with, but, if the nurse is convinced of the importance of diet and knows the little tricks and subterfuges that can be employed to make it attractive, she is better qualified to do a job of "selling" good nutrition. Satisfaction in accomplishing a reform to better dietary habits is not the least return for thought and effort.

To the mother of a rachitic child the need for milk may be a foolish notion of "that nice girl from the public health." But with a bit of thought that "nice girl" can impart her own enthusiasm for a diet reform and at the same time pass on her knowledge of the hundred-and-one different ways to disguise the distasteful and rejected milk.

Don't make the mistake of believing that time spent in learning about diet and nutrition is wasted. Think of the knowledge you acquire in the same light as your education in materia medica. You do not feel qualified to administer medication without a knowledge of the drugs that you are to handle. So foods, harmless and even beneficial in the ordinary diet, can cause trouble, suffering or more



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That kind of care is typical of the way we at Gerber's take our responsibility of feeding America's babies. Working hand-in-hand with the medical profession, we agree that "Babies are the most important people!"

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serious consequences, if they are administered without intelligent thought in specific cases.

A patient can never make up for the meal he fails to eat. Each food that is ordered, each dish that is a part of the whole dietary scheme, is just as important as the medication that you give so regularly. Once missed, the cumulative effect of the dietary is broken, or the necessary food elements contained by the meal are lost to a body that is fighting disease or injury.

Take a long range view of diet—and include everything that is necessary to make it effective. Diet is not a single meal, a daily menu, or even food for a month or a year. It represents all necessary factors to take care of today's maintenance, the needed energy for tasks of the moment, and provides health of hair, skin, nails, nerves, and vital processes. Ill persons require the normal amount for daily maintenance, plus extra fuel to fight infection or disease processes.

More and more physicians are inquiring into dietary habits of patients, even if the case they are treating is not a nutritional disease. Medical science has come to recognize the long-range effect of improper diet and the almost miraculous results that can be attained by simple changes in fare.

Nurses should, therefore, respect the science of nutrition for what it can and does accomplish. Because foods must be processed in one way or another, that too must be a part of the dietetic plan. To serve hot things hot, and cold things cold, will not change the fundamental value of a



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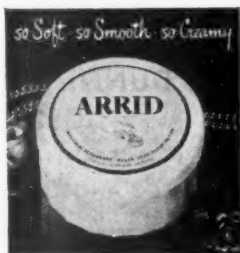
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---

food. But if a hot food is lukewarm and unappealing, and in consequence the patient will not eat that food, then proper service *does* have a place in the science of nutrition. A neat, not too well-filled plate, will not alter the caloric value of the meal. But if the patient likes the appearance of the food and so eats what the plate contains, then that patient has been benefited to the full extent of the plate's contents.

Some women do not and will not like any phase of food service. But as a nurse it is necessary to give proper thought and consideration to diet, for diet is as vital as the medication, bed-baths, hypos and other procedures which go into the art of nursing. If you take time to see that the food eaten is the proper kind and the amount ordered, and that it is interesting and palatable, you have taken care of an important phase of your job. It isn't always easy, and sometimes it is a most thankless task. But, if you consider food in its true light and in all of the ramifications of preparation and service, your patient will bless you, and in the eyes of both patient and physician you will be a better nurse.

---

**R.N. FANS:** I have all issues back to August 1941 which I must dispose of since I am moving into an apartment and will have no storage space. The books are in good condition and I shall be glad to pass them on to someone who would enjoy having them. Please communicate with Thelma Snyder, Rt. No. 5, Gettysburg, Pa.

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## RESINOL

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## Start for Norway

[Continued from page 28]

cause the organization had, along with forty-three other leading organizations, protested the German pillage and destruction. This left a nursing organization in fact but not in substance. The publication of the *Norwegian Journal of Nursing* had to be discontinued. How nurses kept up their own morale and inspired the students, under such conditions, is remarkable. Much of their spirit they attributed to being able to hear the B.B.C. broadcasts and the true course of events. This was, of course, done secretly and always at great risk.

The Norwegian Nurses' Association met soon after V-E Day, with the old board of directors again re-

suming their places. This was the first meeting in four years, the first official contact they had been able to have since the German occupation.

At their last meeting, November 1945, they took up the immediate problems of the existing professional salaries in relation to the costs of living, the pertinent question of registration of nurses, discussion of improving the facilities for postgraduate study, and what is to be done with the Norwegian war hospitals which are completely staffed by Norwegians who were caught on foreign soil, or escaped to carry on the fight. At present there are Norwegian hospitals maintained specifically for the care of Norwegians in England, Scotland, Canada, Iceland, and the United States. All of these will become important parts of proposed Norwegian health centers that the government plans to build all over the world.

Also last fall, the Northern Nurses' Association (which is composed of the Nursing Associations from Norway, Sweden, Finland, Denmark and Iceland) met for the first time in six years. Sister Bertha Helgestad, President of the Norwegian Nurses Association was elected chairman. These five countries whose problems are so similar, find mutual help and benefit in knowing what their sister nursing organizations are doing.

Next month they will meet in Oslo to discuss their work after a year of peace, and their plans for the future. If their efforts in peace are as strong as they were in war, this August conference will have a lot to review and a great deal to be proud of.



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**\*ANESTHETIST:** 250-bed hospital located in university medical center; \$200. maintenance. (Placement bureau charges \$2 registration fee.) Box MB7-1.

**ANESTHETIST:** East. Small general hospital in N.J. near Phila.; good opportunity. Apply: Box CG7-46.

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**GENERAL DUTY NURSES:** (25) Minnesota. To care for 100 veterans and other patients; 700-bed modern TB hospital; 8-hour day; 6-day week; \$175-\$185; \$37.50 deducted for full maintenance, if desired; vacation; sick leave; holidays; insurance and pension plans. Apply: Director of Nurses, Oak Terrace, Minn.

**GENERAL DUTY NURSES:** Midwest. 8-hour duty; good salary; full maintenance. Apply: Supt., Morris Memorial Hospital; Milton, West Va.

**GENERAL DUTY NURSES:** New England. 8-hour duty; 6-day week; start \$125. Apply: Directress of Nurses, Fairview Hospital, Great Barrington, Mass.

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**GENERAL DUTY NURSES:** California. Three; 8-hour shifts; 6-day week; \$190; maintenance if desired; 35-bed general hospital; all-graduate staff; also require obstetrical nurse and anesthetist. Apply: Supt., Highland General Hospital, Auburn, Calif.

**GENERAL DUTY NURSES:** Iowa. 22-bed general hospital; 8-hour shifts; 6-day week; \$125; full maintenance. Apply: Osceola Hospital, Sibley, Iowa.

**GENERAL DUTY NURSES:** West. 250-bed hospital; medical, surgical, obstetrical, with or without experience; start \$175, raises to \$190. Also operating room nurses; minimum \$200; 2-weeks vacation with pay. Apply: St. Elizabeth School of Nursing, Yakima, Washington.

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**STAFF NURSES:** California. Apply: Box SF7-46. [Turn the page]



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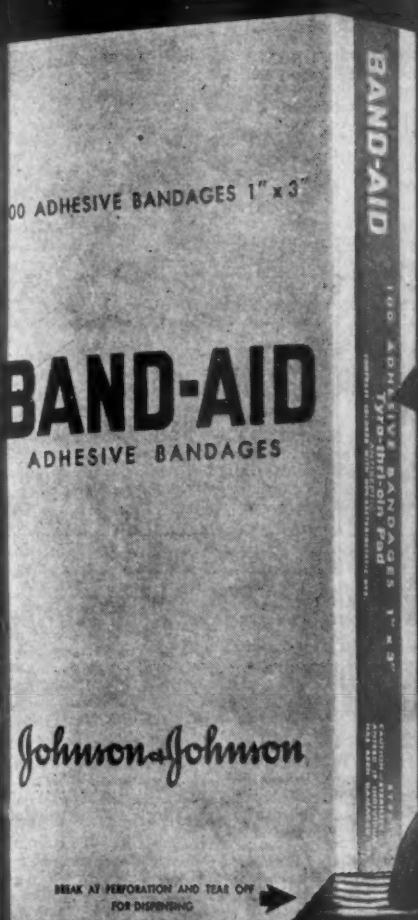
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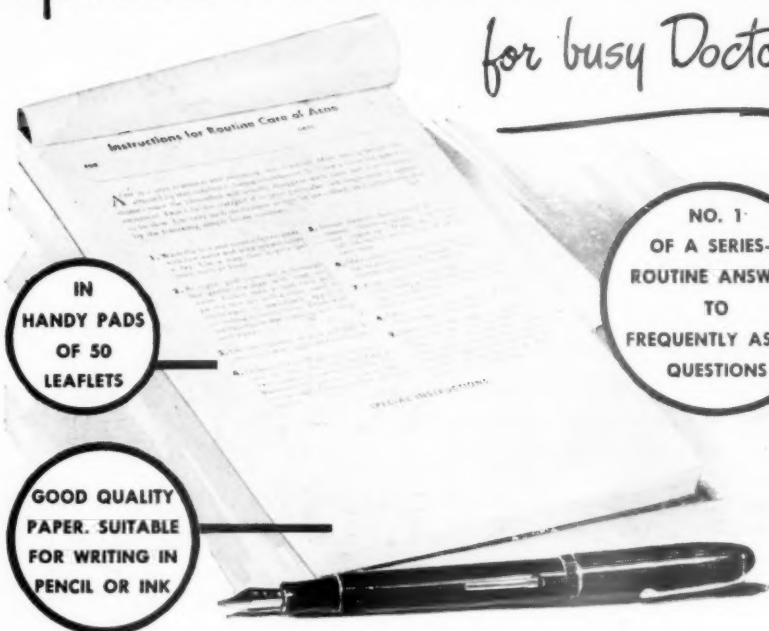
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